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Original Research

Designing recovery-oriented care: a qualitative study to inform service design at Kyrie Therapeutic Farm in Ireland

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Abstract

Objectives: Recovery-oriented approaches are gaining increased attention in the mental health sector, including from the World Health Organization and the United Nations, for their potential to support people in recovering and building meaningful lives through strengths-based, person-centered principles. Kyrie Therapeutic Farm (KTF) is a new initiative in Ireland that seeks to develop recovery-oriented model of adult mental health care. The aim of this study was to explore the barriers and facilitators of recovery-oriented models of practice in a small number of therapeutic farm settings across the world in order to inform service design at KTF whilst also addressing a gap in research on this topic.

Methods: Three semi-structured focus-group interviews were conducted online via MS Teams with ten staff members in different roles and years of experience from three existing therapeutic community farms. reflexive thematic analysis was employed for data analysis.

Results: Four themes emerged that illustrate how therapeutic farm communities operate in general and specifically in relation to recovery: 1. common humanity, 2. freedom and responsibility, 3. interdependence and community living, and 4. learning organisations.

Conclusion: This study demonstrates the viability of recovery-oriented practices in community therapeutic farms, including KTF, thereby contributing to the broader trend toward more person-centered mental health services. The values inherent in the recovery-oriented approach – such as community, empowerment, and close, equitable, non-hierarchical relationships – act as facilitators. However, embedding these values in practice can generate tensions for staff which warrant attention. Implications for the integration into service design of KTF and further research are offered.

Keywords: Adults; barriers & facilitators; mental health; recovery-oriented; therapeutic farms

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Introduction

There is a growing consensus, both nationally and internationally, on the need to move away from traditional biomedical approaches in mental health care, toward services and approaches that are recovery-oriented, person-centred, rights-based, and trauma-informed (Johnstone and Boyle 2018, Patel *et al.* 2018, World Health Organisation & United Nations, 2023, World Health Organisation 2021). These international developments are shaping policy in several countries, including Ireland, where the most recent mental health strategy, Sharing the Vision (STV; Department of Health 2020), recognises that mental ill-health is neither separate nor isolated from other dimensions of overall well-being and life circumstances. STV advocates for services that are recovery-oriented, trauma-informed, and human-rights based and places a responsibility on staff to engage in reflective practice and display an openness to learning. STV emphasises service-provision principles such as self-determination and empowerment, holistic, personalised, and strengths-based care, participation and community connection, goal setting, and creating hope for the future. Enacting these principles enables people to live purposeful lives despite the challenges posed by mental health difficulties (Le Boutillier *et al.* 2015, Slade *et al.* 2014).

Despite this strong policy support for more progressive approaches in mental health care, the primacy of biomedical philosophy remains deeply ingrained in current systems worldwide, particularly in countries of the Western or Global North (Stupak and Dobroczyński 2021, Cosgrove *et al.* 2019). This continued emphasis on diagnosis and biomedical intervention means that symptom management is often prioritised over broader social, psychological, and environmental factors that contribute to mental health challenges (Shields-Zeeman *et al.* 2020, Sowers *et al.* 2016). In addition, the hospital setting, while offering critical support and resources, can inadvertently reinforce institutionalisation by focusing on stabilisation rather than long-term recovery and community integration (Saxon *et al.* 2018).

As such, there is a movement towards more progressive models, with several successful examples of optimal recovery-oriented services worldwide including Soteria Houses (originally founded in United States), Open Dialogue (first developed in Finland) and Crisis Houses CX (first run in United Kingdom) (World Health

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Organisation 2021). Kyrie Therapeutic Farm (KTF) seeks to be a further example and a potentially transformative initiative within Ireland's mental health services. It aims to facilitate the recovery of people experiencing significant mental health difficulties through the creation of a healing environment, combining a supportive community, therapeutic and holistic care, and meaningful opportunities for participating in a natural farm setting. Kyrie Farm aims to create "a world class therapeutic centre that encapsulates the best possible support, while putting the person at the centre of their own care plan and recovery" (Kyrie Therapeutic Farm 2024). KTF which is scheduled to open in 2026, may help to address critical service gaps including the bridging of community and acute services such as psychiatric hospitals and outpatient care, serving as a step-down setting for patient recovery and reintegration, whilst also providing an early intervention and prevention option. However, transforming mental health care systems requires more than just shifting paradigms – it requires addressing barriers such as funding structures, opportunities for professional learning, and public perceptions of mental distress. In order for KTF to realise its goals and ambitions, it is important to explore the barriers and facilitators that may impact the design and implementation of more progressive approaches.

Therapeutic farms may be both residential and non-residential and provide clinical care, a positive sense of community, and opportunities for engagement in meaningful activities (Hine *et al.* 2008). Evidence suggests that therapeutic farms which harness the healing benefits of nature and offer purposeful farming related activity, lead to a range of positive outcomes for their guests including, fewer psychiatric symptoms, lower hospital re-admissions, improved capacity for employment and independent living, and better quality of life (Elings and Hassink 2008, Heatherington *et al.* 2019, Huberman 2015, Lu *et al.* 2021). For example, Heatherington and colleagues (2019) conducted interviews with individuals at admission and post-treatment from such a residential farm in USA, the results of which showed significant, lasting improvements in work, family, and social interactions, confirmed by follow-up interviews. Likewise, focus groups conducted with 42 individuals who participated in non-residential farm programmes across Europe revealed improvements in both mental and physical well-being, as well as a positive effect on self-confidence (Elings and Hassink 2008). However, there is a dearth of research examining the processes that support or hinder achievement of successful outcomes in therapeutic farm settings. The aims of this study, which was conducted as part of a larger project designed to support the development, implementation, and evaluation of services at KTF, were to explore and identify the barriers and facilitators of recovery-oriented models of practice in therapeutic farm settings and to identify and assess the contextual and operational factors that influenced service implementation and delivery.

Methods

Profile of farms

Following a scoping review, four farms in Ireland and USA, similar in ethos to KTF were identified, approached and invited to take part in the study, three of whom subsequently agreed to participate. Each of the three farms has a long history of providing mental health services, offering therapeutic care combined with meaningful work and participation in a farm community. All farms catered for people with significant mental health difficulties that tended to recur, interfered with progress toward steady employment and posed challenges to social and vocational functioning, sometimes leading to hospitalisation or inpatient care. All farm staff worked toward helping people return to everyday life and functioning while also supporting a sense of fulfilment, belonging, and purposeful agency. However, there were differences in service design and provision across the farms with regard to, for example, specific clinical care approaches and practices, the type of work activities on offer and the expectation/option of staff living on site.

Table 1. Background information of the participants

	Pseudonym	Professional role	Years with the farm
Farm 1			
1.	Laura	Senior Management	9.5
2.	Teresa	Senior Clinician	11.5
3.	Julia	Senior Clinician	19–20
4.	Nicolas	Co-ordinates work programme	20
5.	Sonya	Co-ordinates outreach activities	3 in role/grew up on the farm
Farm 2			
6.	Lucy	Senior Management	4
7.	Emmanuel	Senior Management	16.5
Farm 3			
8.	Jasmin	Senior Management	2.5
9.	Connor	Support worker	8
10.	Jacob	Co-ordinates work programme and manages estate	8

Participants

A total of 10 staff members (6 male; 4 female) working in various managerial, administrative, clinical and support-worker roles provided their written informed consent to participate in the research. Pseudonyms have been used to protect the participants" identity. Participants' experience on the farms ranged from 2.5 to almost 20 years (see Table 1).

Procedure and data collection

Upon receipt of ethical approval from Maynooth University Social Research Ethics Sub-Committee (Ethics Review ID: 36,318), the directors of therapeutic farms were contacted in the first instance with a detailed information sheet and consent form. Three responded positively and agreed that they and some of their staff would take part in the study. Three focus group interviews — one with each farm ($n = 5$, 2 and 3 respectively) — were then conducted online using MS Teams, lasting 120–140 min. Each focus group was facilitated by the Principal Investigator of the project (COT) while the Research Assistant (CK) was also present for technical assistance support, for taking notes and maintaining time. The Founding Director and Clinical Director of KTF who are spearheading the KTF service design framework, volunteered to attend all three focus groups as active participants. This was considered to be beneficial to the service co-design process of KTF

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and helpful for participants as a trusting relationship had already been established between KTF and the other participating farms through their earlier contacts and dialogue. In addition, all discussion topics were mutually agreed in advance and were organised around four primary themes based on a prepared Topic Guide including: the therapeutic farm context; service design and therapeutic approaches; facilitators and barriers; and lessons learned.

Data analysis

Reflexive thematic analysis (RTA), a flexible interpretative approach, was used to identify and interpret data patterns. RTA encourages in-depth data analysis beyond mere description (Braun and Clarke 2021). It was chosen because it allows researchers to draw conclusions from interviewees" perceptions whilst utilising the researcher's experience, skills, creativity, and theoretical knowledge, to provide a richer interpretation (Braun and Clarke 2019). An inductive approach was initially employed to emphasise the participants" words and meanings, followed by deductive thinking to guarantee that the data interpretation was consistent and useful to the research questions. Six steps of RTA were followed including: a) familiarisation; b) coding; c) generating initial themes; d) developing and reviewing themes; e) refining, defining, and naming themes; and f) writing up (Braun and Clarke 2021). The Research Assistant (CK) carried out the first three steps. In the first stage, initial observations, perceptions and key points of the data were noted after repeatedly listening to and transcribing audio recordings. The second stage required more rigorous and independent coding of participant responses. The coding procedure involved three iterations as interpretations changed, and the codes needed to be modified. The initial themes were formed by categorising codes and critically assessing shared meanings in the data. The themes were then reviewed, defined, and labelled collaboratively by the Principal Investigator (COT) and Research Assistant (CK), allowing for reflection and interpretation from both sides. This approach allowed for rich and meaningful data analysis, with the goal of reaching detailed and considered conclusions rather than consensus (Braun and Clarke 2013).

Results

Four themes around recovery-oriented practice in therapeutic farm communities were identified and are discussed below (these themes are summarised in Table 2).

Table 2. Overview of themes identified from findings

Theme	Description
1. Common humanity	*"I can't tell whose staff and who's guest"*. Mental and psychological distress was considered a shared human condition, resulting in guests being viewed holistically, not defined by their diagnosis or symptoms. This fostered egalitarian relationships and a sense of "*comraderie*". Navigating professional boundaries within the context of non-hierarchical relationships was considered challenging.
2. Freedom and responsibility	*"Push back on paternalism"*. Empowering guests to make choices aligned with personal goals was a fundamental principle of the farms. It was coupled with a responsibility to contribute to the work and social life of the community. Balancing freedom, with a duty of care and risk management, required ongoing assessment by staff.
3. Interdependence and community life	*"The community is the thing!"* The nature of community living meant people depended on each other for the completion of work tasks, social and emotional support etc. This interdependence fostered relationships grounded in trust, reciprocity, and mutuality. Managing admissions to ensure a "*harmonious balance"* and investing in staff professional development were considered vital.
4. Reflective practice	*"A dynamic tension"*. A commitment to sustained critical reflection and professional supervision supported staff in navigating the various tensions that emerged as they fulfilled their professional roles. All farms were committed to learning and evolving whilst ensuring they remained true to their foundational philosophy and ethos.

Common humanity

There was a sense across all focus groups that staff, volunteers, and residents were united in common humanity. Participants perceived emotional and psychological distress as intrinsic aspects of the human experience, rather than as an illness or personal failing that separates and isolates us from others. This was evident in the intentional use of language — all farms referred to '*residents', 'guests', or 'tenants'*, rather than traditional terms ('*patients', 'clients'*), which can serve to define people solely by the presence of a mental health difficulty. It was also evident in recognition of the personhood and dignity of all community members. For instance, Nicolas shared that "*we really encourage one another to see each other as whole people, not as diagnoses or as patients"*. Reflecting on the differences between a hospital and farm community, Jasmin said*: "when you're in hospital, it is such a different place and you're not treated as a person, whereas here, you're just treated as a person"*.

Distress was normalised and understood as part of the human condition. Participants seemed to recognise that there was no fundamental difference between themselves and residents. Jasmin said: "*you just can't have an ego here . . . . because it could be me next week"*. This recognition of common humanity enabled equitable, reciprocal, and authentic relationships, which supported residents in their recovery and contributed to greater professional satisfaction for staff. For instance, Connor described that there were times he might have something going on in his own life, and then: "*The next day the tenants are like, 'how did you get on?' . . . They'll be checking up on you as much [as you on them]. That's something that gives me great satisfaction in the work that I do, that type of camaraderie between us all"*.

Given the nature of these more equitable, non-hierarchical relationships, it was often impossible for outsiders to distinguish between staff members and residents. Sonya recalls a volunteer, who after three days helping on the farm, said: "*I'm so perplexed, I cannot tell who's staff and who's guest"*. This was also presented as a mindset by senior managers/leaders. For instance, reflecting on her leadership role, Jasmin said that "*there's a very thin line between me as the manager, the staff and the tenants. So, I do not think you can have an ego if you're sitting in this chair, not in a place like this"*.

One consequence of this intentional levelling of relationship hierarchies was that navigating boundaries was judged to be more

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complex for farm staff relative to staff working in more traditional hospital or other clinical settings. Nevertheless, it was still deemed important to have "*boundaries and clearly defined roles and responsibilities*" (Sonya). Sonya described inherent tensions as "*a dance around*", suggesting that the process of navigating boundaries was a synchronised, fluid, and dynamic process between staff member and resident. For Julia, supporting staff in navigating healthy boundaries was as issue that required ongoing reflection and attention.

Freedom and responsibility

Staff in all farms spoke about the importance of choice and empowerment for residents. They understood their purpose as empowering residents to take an active role in their own recovery process. Lucy explained: "*we do not force things, that's definitely one of our values . . . we do not force medications, we do not force people to do this or that, it's their choice*". Instead of adopting a coercive approach, staff cultivated self-determination by supporting residents to understand and process the impacts of the choices they make. Lucy continued: '*there's certainly natural consequences to making different choices in our lives, and we want folks to be fully a member of their own recovery process. So, that's really our job - to make sure that folks really understand. If they're making choices that, maybe, we perceive as not contributing to recovery, we have the responsibility to process that with them, and help people process through that feedback, and maybe, decide something different or maybe not.*'

Facilitating the recovery process also meant supporting residents to get in touch with life goals and aspirations. Farm 3 emphasised the importance of starting with a dream statement: "*we ground the beginnings of treatment by asking every potential resident what their dream is . . . And very often we come back to that in treatment and in planning meetings*" (Emmanuel).

The freedom to choose and to pursue dreams was coupled with a responsibility to self and others. All farms supported residents to identify and explore their personal strengths and goals by participating in work and social life of the farm community. Staff spoke of setting expectations that active engagement in farm life was a key responsibility: "*from day one, generally, the expectation is set that, work is a major part of your participation in the programme here. People arrive and on their first day are settled into their home, given a tour, and then on their second day usually are introduced to their work team*" (Nicolas).

The work in which people engaged was meaningful and authentic. This was fundamentally important, as Nicolas explained: "*the work we ask each other to engage in is authentic. It's not 'make work', it's not, sorting screws and then mixing them all up to do it again tomorrow. There's a purpose to the work, and that everybody contributes to it*". The work programmes also offered rhythm, structure, and predictability. Jacob noted the importance of "*giving people a reason to get up in the morning*" and "*giving the lads a structure*". Evidently, farms placed huge value on choice and empowerment, but also on taking responsibility for becoming an active and contributing member of the community.

Nevertheless, the active participation of residents in farm work created some dilemmas to programme staff. There was a tension between ensuring the care and safety of residents on the one hand, and supporting them to take on roles of responsibility, on the other. Nicolas spoke about the need to "*push back on paternalism*", to ensure residents were truly empowered. Doing so meant engaging with continuous questions about "*how much can we let someone do? How much can we really empower someone to take ownership of and be responsible for*". It also meant regular, ongoing assessment with residents to check their skill level and any challenges they may be encountering.

Interdependence and community life

Each of the three farms described themselves as a community, emphasising the interdependence of various elements and the importance of social connectedness, mutuality, and reciprocity. This was evident in how relationships were prioritised at all levels including between staff, between staff and residents, and between residents themselves. Lucy highlighted that: "*the community is the thing! We're very focused on relationships. That's one of our values – connecting – and one of the protective factors in our organisation. Folks have strong relationships with the staff members, but also of course the peer relationships that form too, are important part of the process*".

Similarly, Julia noted how staff teams (clinicians, managers, work programme staff, outreach workers) all depended on each other: "*I think the gift that we have is the team model, you know, we really do depend on one another, to talk things through and try and deal with each situation*". There was also an explicit expectation that staff would not work in silos, disconnected from the others or from the community as a whole. Emmanuel intimated that "*we really want our clinicians to not be in a building, in a room, with the door shut, but out in the community as much as they're able. And we've got 95 acres! It's gorgeous here*"! Evidently, farms prioritised a sense of connectedness and of being part of a larger dependable community outside of themselves; this was the case for staff and residents alike.

The sense of community and attachment to it was also evident from the importance given to integration and the cultivation of a sense of belonging among staff, through training, support, and supervision, even for those in leadership positions from all the three participating farms. Lucy shared that they "*provide new staff orientation. I do training and I touch on some of the recovery values and recovery principles. We also have clinical training for all new staff that goes into that, as well*" and she added that "*there is the supervisor relationship - we have certain expectations about how frequently staff meet with their supervisors. We have lots of forums for people to talk to whomever they need to*". The organisation of relationships in this way was also apparent from the fact that on all three farms, the community was one of the most important sources of pride, as summarised by Emmanuel: "*I'm proud of this place for having survived and thrived through COVID, and that was really hard and I'm most proud of. I've got a tremendous team of people that works really well together and has been able to prosper through some really tough moments*".

These relationships and connections were a core element of residents' recovery and therapeutic journey. Whilst all farms referenced the importance of drawing on a range of evidence-based therapeutic modalities (among those mentioned were Dialectical Behaviour Therapy, Cognitive Behavioural Therapy, Group therapy, Occupational Therapy), the specific approach was generally considered less important than the sense of connection and belonging that was fostered within the community. Julia explained: "*The evidence-based [approaches]- we can do all that, you know. But I do think of that as a bit of a dog and pony show. We can pull up all the names [of the various evidence-based approaches]. But in my mind, those are less important. They are the wallpaper we work with - and the room is more dynamic than the wallpaper*".

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The reality of interdependence was also evident in everyday work and recreational activities on the farm. All work teams depended on each other, as the following quote illustrates: "*We have our bakery team that supports the kitchen team by making baked goods that are used in the community - breads, pastries, value added dairy items with milk that come from our farm team, who raises our dairy and beef herd*" (Nicolas). This contributed to people feeling that their work activity mattered and that they were each accountable to each other and for ensuring the sustainment of their community. Nicolas noted: "*you see the importance of the work you do, both staff and guest, in the upholding and functioning and maintenance of the community*".

Staff were cognisant that sustaining their farm communities meant holding, in balance, relationship dynamics and the various intertwined components of farm activity. Maintaining a harmonious balance was a key consideration in decision making. For instance, in managing the admissions process, there was a need for a transparent process, but one that was flexible to consider the community as a whole: "*you also have to consider the community in the moment because the vibe of the community changes with every admission . . . .one more person that has the same presenting issues is just too much, and then we got lots of drama. So you got to consider what you got going on at the moment*". (Emmanuel).

Although interdependence and teamwork were stated as fundamental ways of promoting reciprocity and community, which are key elements of the proper functioning of the farms and the recovery of the residents, Nicolas mentioned a potential issue. He noted that the "*team-model is both a facilitator and a barrier in the way that we work together because we all have different skill sets and strength sets and tools to use to support someone*", indicating that collaboration between different people in different roles also carries challenges.

Reflective practice

There was a clear sense in which all farms were committed to learning, reflecting on, and evolving their organisational practices to sustain and improve over time. All farms worked in various ways to strengthen their infrastructure (e.g., their human resource policies), keep up to date with advances in the field of mental health, and sustain a high- quality professional service. For instance, Emmanuel considered how they responded to new knowledge and practices in relation to neurodivergence, which involved bringing in outside expertise to upskill staff, making changes to their programme, and reflecting on the impacts of those changes: *"we would reflect on, what happened here? Why didn't this work?"* (Emmanuel). Jasmin noted the positive impacts resulting from the quality of people that they had hired in terms of training, qualifications, professionalism.

It was deemed equally important was to hold firmly to the ethos and culture of the farm. Participants spoke about engaging with various stakeholders and consultants, how they learned from them and valued their point of view, *but they were mindful to "not get blown off course"* (Julia). Lucy emphasised the importance of intentionally orienting staff to the farm's culture, rather than just *"assuming that culture is being passed from person to person"*. Laura referred to navigating this as: "a *dynamic tension of trying to maintain and hold on to the core values and history and roots of who we have been, while also at the same time, working to adopt and adapt to the best practises of the field . . . so, we're kind of living in this sort of, really interesting, liminal space of trying to both adapt to and practise in many ways mainstream mental health treatment, while also trying to preserve this sort of alternative model, that's somewhat, you know, outside of the mainstream medical mental health model*".

These tensions were typically navigated by engaging in ongoing dialogue and conversation with staff, residents, the wider community, funders, and other interested parties. They required the organisations to live with, or tolerate, a certain amount of risk and uncertainty, but ultimately for Laura, this "*dynamic tension has been really creative and generative and enabled the organisation to survive*".

Discussion

The findings show that the participating therapeutic farms were committed to adopting principles, values, and practices that align with recovery-oriented approaches, as evidenced by their commitment to principles such as egalitarian relationships, self-determination, purposeful activity, community participation, and placing the person (rather than the mental health difficulty) at the centre of the recovery process. These values that guide various recovery-based environments, with empathetic interactions and the promotion of hope and self-determination have been commonly identified in previous research (Jørgensen *et al.* 2022, Matoba *et al.* 2023, Chester *et al.* 2016). The farms were also committed to continuous learning and reflecting at personal and organisational levels, supporting their teams in working toward a common goal with a shared sense of purpose. The shared vision, teamwork, and dialogue evidenced in the findings were clearly key facilitators of service delivery, enabling farms to continuously improve processes and practices and respond adaptively to change. These findings are consistent with previous research, indicating that supervision, mentorship, and teamwork, and a shared commitment to core recovery principles, foster effective recovery-oriented practices, all of which are reliant, in turn, on strong and effective leadership (Matoba *et al.* 2023, Lorien *et al.* 2020, Erondu and McGraw 2021).

Nevertheless, there were several challenges and tensions for staff in ensuring that their practices aligned with overarching recovery-oriented principles. For example, staff often struggled with the need to: (a) remove any hierarchical thinking or behaviour whilst maintaining professional boundaries; (b) empower service users while also providing care (which can sometimes be perceived as paternalistic); and (c) adhere to a recovery ethos and philosophy while also incorporating new "best" practices. Differences in staff views and perspectives were potential compounding factors in this regard. Such issues have also been identified in previous research on the implementation of recovery-oriented practice. For example, a number of studies involving staff have found that the immediacy of relationships often overwhelms them, and that maintaining boundaries and non-personal investment can be challenging due to emotional closeness (Ness *et al.* 2014; Chester *et al.* 2016). Furthermore, recovery-oriented practice requires giving choice, and nurturing self-determination; nevertheless, "professional responsibility" occasionally takes priority, particularly when it comes to safety considerations and managing risk (Kvia *et al.* 2021, Ørjasæter and Almvik 2022). These findings highlight the importance of ongoing professional development and training for staff and a commitment to reflective practice at individual and organisational level. Additionally, research has shown that, specifically in inpatient mental health care, differences of opinion, varied professional backgrounds, and different approaches to recovery among staff can be key barriers to effective practice, particularly due to the sharing of workload and confusion over the

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responsibilities of team members (Coffey *et al.* 2019, Chester *et al.* 2016).

Implications for Kyrie Therapeutic Farm (KFT)

While mental health organisations and services aim to prioritise recovery practices, societal and organisational norms create pressures that can negatively affect service implementation. Consequently, the introduction, integration and maintenance of recovery-oriented practices can vary considerably across services (Jørgensen *et al.* 2022). KFT, as a newly developed service, will have the advantage of developing its core processes and attendant principles from the outset using a recovery-oriented approach, whilst avoiding the potential pitfalls of embedding recovery-oriented practice within existing (more traditional) services.

The findings reported here, in combination with evidence from a small number of studies in the literature, suggest a number of ways in which this might be achieved whilst also highlighting several challenges. First, it is crucial that KTF staff and management identify and agree a clear concept of "recovery" from the outset and aim to integrate recovery-oriented principles, including resident empowerment and choice, into all aspects of their service design (Piat and Lal 2012) and underpinned by a recognition of common humanity. More specifically, this includes, amongst other things, the need for farm work to be structured, predictable, meaningful, and authentic. Second, it is important, through fair leadership, to establish organisational structures in tandem, that are democratic and non-hierarchical, and which support the ongoing professional development of staff. The process of navigating boundaries is a key challenge in this regard, in terms of balancing the need for clear staff roles and responsibilities with a need for a broader non-hierarchical approach/culture (Chester, 2016). Previous research suggests that this may be achieved by encouraging and supporting appropriate and timely reflective practice and by providing access to ongoing professional training, supervision and support (Gilburt *et al.* 2013, Erondu and McGraw 2021). Lastly, continuous dialogue and relationship building both within the organisation (i.e. between staff and guests) and between KFT and the wider community would be extremely beneficial in helping to build partnerships, promote shared ownership and address mental health stigma (Erondu and McGraw 2021, MacLachlan *et al.* 2024).

Strengths and limitations

This study was novel in its inclusion of several of therapeutic community farms in examining the implementation of recovery-oriented approaches. It represents an important initial step in the field, focusing on critical processes rather than solely on outcomes, which is a predominant theme in existing research. Moreover, the diversity of team members and the depth of engagement facilitated the generation of rich, conceptually generalisable data. The participation of two KTF directors was beneficial in establishing trust and an early rapport with the other participants, whilst also providing the directors with an opportunity to learn 'in the here and now' from the rich discussion.

However, the study was also limited in a number of ways. There may have been some social desirability bias in participant responding, although the establishment of trusting relationships meant that participants were open about the challenges they had encountered in their work (as revealed in the findings). Furthermore, some degree of interpretative bias cannot be ruled out entirely but was minimised by having two researchers conduct data analysis (first independently, then collaboratively). Given the small-scale nature of this study involving only three farms, future research should include a larger sample of more similar organisations as well as the incorporation of service-user perspectives; ongoing and meaningful engagements with guests using participatory and co-design processes are planned for subsequent stages of the research. It is also worth noting that KTF have a lived experience committee as part of their governance structure, which (although not part of this research study) has also been informing their service design framework.

Conclusion

Given the emerging trend in mental health service delivery towards approaches that depart from the medical paradigm, this study highlights key factors involved in the delivery of recovery-oriented therapeutic farms. These factors, along with the insights gained from in-depth reflections gathered during the study, provide valuable support for aligning the project with WHO, UN, and STV policy directions. KTF has initiated a research partnership with Maynooth University to conduct independent research on process and outcomes. While the in-depth learning from the three farms included in this initial study provides an encouraging starting point, further research is essential to continuously monitor and enhance the development and delivery of KTF.

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Competing interests. The authors declare none.

Ethical standards. The project was conducted in strict accordance with the ethical codes of conduct of the Psychological Society of Ireland (PSI, 2019), with due attention paid to the core principles of beneficence, non-maleficence, autonomy and inclusivity. It complied with ethical principles and relevant national, EU and international legislation, including the Helsinki Declaration, the Charter of Fundamental Rights of the European Union and the European Convention on Human Rights. The study protocol was approved by Maynooth University Social Research Ethics Sub-committee.

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