



Northern Ireland
Assembly



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Background

While recovery in mental health is anchored in regional mental health policy, the increasing rates of mental health problems, self-harm and suicide among young people living in Northern Ireland poses a challenging question: why is the mental health of our young people worsening and not improving? Recovery remains one of the most widely debated aspects of mental health. Two main conceptualisations of recovery have emerged in the empirical literature. It has been suggested that 'Recovery from' symptoms involved the complete remission of symptoms, enabling the reinstatement of a contribution to society (Davidson and Roe 2007; Slade 2010).

However, an alternative approach has emerged which views symptom reduction as only part of a more extensive journey to wellness. 'Recovery in' the experience of mental illness promotes a more holistic perspective which advocates that fulfilling and contributing lives can be lived despite symptoms. This occurs through the re-establishment of identity, social inclusion and self-determination (Anthony 1993; Davidson and Roe 2007). Within their emerging adult role, Patel *et al.* (2007) suggested, young people will be embarking on employment, the development of a career, forming intimate relationships and living independently. This indicates that the challenges for recovery for young adults may be different from other age groups, thus providing the justification for this study.

Aim

The aim of this research study aims to explore young adult service users' aged between 18-35 perspectives on mental health recovery in Northern Ireland.

Study objectives were to:

- explore factors that feature in an individual's perspective of recovery;
- explore the 'temporality of being' within young adults' conceptualisation of recovery;
- investigate meaning and growth in suffering.

Sample

The latest population estimates in Northern Ireland (2014) suggested that there are 593,832 individuals aged between 16-39 years, representing 31.7% of the total population (NISRA 2014). Bunting *et al.* (2012) presented an epidemiological estimate of lifetime prevalence of mental health disorders in Northern Ireland. Results identified that young adults, defined as 18-34 years old, had the highest risk in all disorder classifications and as the age group requiring further research. The voluntary sector provides vital support and service provision for young adults experiencing mental health difficulties, particularly in the fraught transition of child to adult mental health services (SCIE 2011). Therefore, the sample for this study was young adults, defined as within the age group of 18-35 years, and were recruited from the voluntary sector in Northern Ireland.

Methods

This study was devised using a three phased design beginning with phase one involving a concept analysis of the term recovery. Phase two involved the development of a collaborative phase with service user organisations to design an interview schedule used in third phase of the study to conduct 25 semi- structured interviews with young adult service users which was then compared to Phase one findings.

Phase 1: Concept Analysis

Despite the propagation of the term recovery, it remains an ambiguous concept with little consensus on its definition (Davidson *et al.* 2005a). A concept analysis of recovery was conducted to refine the meaning and the defining attributes of the concept and explore its evolution over time

(Rodgers 2000). The analysis involved an extensive literature review and also included other relevant sources, such as contemporary cultural influences.

Phase 2: Engagement Group

In Northern Ireland, the HSC R&D Division strategy (2010) stressed that researchers should engage with service users and advocacy groups at the earliest stages of the research process to ensure that service users “*own the definition*” (Weinstein 2010 p.31). Two engagement groups were developed within this study, enabling a collaborative process where service user’s perspectives could inform the design of a semi-structured interview schedule.

Phase Three: Semi- Structured Interviews

To understand young adult service user understanding of recovery in mental illness required an in-depth and open interview process (Rubin and Rubin 2005). Therefore, face to face semi structured qualitative interviews with 25 services users was chosen to facilitate a rich understanding of phenomenon. Purposive sampling was used to select individuals from service user organisations whose experience will enable the exploration of this concept (Parahoo 2006).

Findings

Six key themes emerged from the interviews. Subthemes are reflected in italics.

1. First Phases of Recovery

This was usually preceded by weeks, months even years of extreme emotional distress, contained within the pretence of who they thought they should be. This led to an internal implosion where they taken right ‘*down to your foundations*’. Within the context of an internal implosion participants described reaching a crisis moment where initial steps had to be walked in unknown personal territory by taking ‘*a step in the dark*’.

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2. Services - A Losing Battle Straight Away

Access too, and engagements, with health care services were identified as direct barrier to recovery in two key ways - communicating *distress* - how that distress was communicated, how it was understood when it was communicated and what access this enabled them to have, or made them

eligible for. Those few that gained access to help felt left on waiting lists for months, with limited hours of support but not the crisis points of night time and weekends. They were with meet service providers delivering their understanding of a **Recovery Orientation** which was not reflective of their current experience. Unable to meet the expectations of what recovery was portrayed to be, participants perceived it to be another assessment they had failed, another thing in their life they could not do.

3. Surviving Out of the Ashes

The experience of mental health recovery for these young adults involved channelling pain into personal power. Participants described that when down to their foundations they were faced with a critical decision to live from the pain or die from the pain. This process was underpinned by discovering an internal determination to survive fuelled by a sub theme - **A Reason to Recover**. This **'Reason to Recover'** had to come from within themselves. Through analysis it became clear that they longed for emancipation from their circumstances. They longed for a peaceful life - as one participant put it "their back had been up against the wall long enough".

4. Let Go of the Pain not the Experience

Participants began to realise that pain could not be avoided but it did not have to be relived. They could use what they now knew about themselves and their lives to move forward. The importance of learning from their experiences required the transformation of an all-consuming pain into an internal, kinetic energy to progress the recovery journey. This process identified two subthemes **'Focus'** and **'Time'**. This required refocusing their perception of themselves, their experiences and their lives had. This was not suddenly illuminated, but the narrow lens they viewed their life from got wider until they held a different perspective. However, the process was slow and arduous, they needed to give themselves time. They also understood that they could no longer live in the past and life had to be lived in the present, step by step away from the dark.

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5. Recovery - Needs to be More than a Word

Participants described the confusion surrounding the word recovery, as when used at an inappropriate stage, it implied they needed to be fixed, like a hard drive or a broken vehicle. It did not express the experience. The ambiguity of the term recovery required the **Application** of personal influences or the contextualisation of recovery within an individual's life to make it a relevant strategy

for taking **Control Over Life**. This also became a developmental process, by applying the things that brought meaning to their life to their recovery process, meaning in life and meaning in recovery became inextricably linked. Real-life application made it a strategy that they could own and maintain.

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6. Others are the “How”

Participants described experiencing numerous losses at this time. Loss of the social group, loss of social skills, missed milestones and broken dreams. Increased connection to others, through peer support, provided valuable learning to repair the social skill damage caused by illness. They began to see that their experience what they had lived and what they had survived, when shared, had real value and could create a connection with others through a knowing from the experience of emotional pain. Within this context recovery was understood as an increased **connection to others** through deeper connection to self.

Recommendations

The findings make an important, positive contribution to our understanding of mental health recovery, policy changes and service developments that are ultimately required to help service users.

Priority Groups

Recommendations arising from the study findings are arranged into the priority groups with which they specifically relate:

- *Policy makers*
- *Service providers*
- *Educators of healthcare professionals*
- *Young adults in the general population*

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Policy makers

1. This research proposes that there must be a definition of mental health recovery, personalised for young people in Northern Ireland, using their experiences to inform the provision of services. The definition of mental health recovery proposed in this study should be incorporated into future mental health policy.

2. The considerable risks to young adult's lives of a generic and service orientated understanding of mental health recovery, and the implications to their life perspective, should be made explicitly clear to policy makers.
3. Specific mental health recovery focused policy and strategies should be informed by young adult service user's experience of the process as identified in this study, to ensure relevance of care provision.
4. Young adult service user perspectives be discussed at Government level to ensure policy makers understand the care provision issues.

Service providers

5. All service providers should develop service provision strategies informed by this evidence-based understanding of mental health recovery in young adults.
6. Such strategies should recognise and prioritise the pain and suffering that young adults are experiencing, specifically, at points of emotional crisis. Strategy development should be collaboratively prepared through engagement with service user groups, youth based organisations and local community groups, to ensure local strategic relevance.
7. Consideration should be given by Mental Health Care Providers to incorporate this understanding into the development of local crisis houses that provide accessible, confidential and "out of hours" support, offering recognition and compassionate care for young adults experiencing emotional crisis.
8. The risks posed to young adults by the lack of accessible and applicable services should be made explicitly clear to healthcare professionals.
9. The development of a directory of instant access, age-appropriate support and advocacy services should be developed by Health Service Providers. This should be distributed to all health centres, GP surgeries, pharmacies, schools, youth clubs, sports clubs and public services.
10. Strategies are developed within primary care services to enable young adults to feel supported and informed prior to attending appointments with their GP or the Community Psychiatric Nurse, through engagement with peer advocacy services.

Educators of healthcare professionals

11. Mental health educators should develop modules on mental health recovering, informed by service user perspectives. This should be embedded into the undergraduate curriculum of all education providers.

12. Educators of health professionals should incorporate the theory of “*The Suffering Human Being*” (Eriksson 2006) within a person-centred approach (McCormick and McCance 2006) to mental health care.
13. The communication barriers identified in these findings should inform the development of age-appropriate consultation skills training in pre- and post-registration professional development.
14. Educators should make it explicitly clear to health professionals that inadequate or insensitive healthcare communication is a significant barrier to mental health recovery.

Young adults in the general population

15. A Government strategy should be devised to raise the general populations understanding of the process of mental health recovery in young adulthood.
16. Mental health recovery information and support should be widely available to the general population. This should be communicated through meaningful and relevant mental health promotion strategies developed through collaboration with the Public Health Agency and service user organisations.
17. Consideration should be given to the development of age-specific mental health promotion strategies, informed by young adult service users’ experience of mental health recovery.
18. The development of considered and contemporary anti-stigma campaigns, which promote mental health recovering, are vital. Public health agencies, the arts community and youth focused organisations should collaborate with service users to design a culturally relevant anti-stigma campaign targeted at young adults in the general population.

Conclusions

This research study aimed to explore young adult perspectives on mental health recovery in Northern Ireland and is the first study to show the factors that impact their perspective on mental health recovery. Findings indicate specific and targetable barriers, the removal of which would significantly improve a young adult’s perception of the achievability of mental health recovery in their life. Findings also identify specific areas in which tailored information, education and service provision are able to significantly promote the process of mental health recovering in the young adult demographic. The study concludes that is an urgent need for mental health recovery to be understood and assimilated by young adults to provide them with an effective wellness strategy for life.

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