



Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland



Exploring young adult service user perspectives on mental health recovery

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Presentation Outline

- Background
- Rationale
- Relevance to Knowledge Exchange Seminar Series
- Aim
- Research Design
- Phase Three Interview Findings
- Key Study Conclusions
- Recommendations



Background



Two main conceptualisations of recovery:

“**Recovery from**” vs “**Recovery in**” (Davidson and Roe 2007);

Conceptual components proposed - CHIME
(**C**onnect**e**dness, **H**ope, **I**dent**i**ty, **M**eaning in life and **E**mpowerment) (Leamy et al. 2011);

Complexities and barriers to their sustainability and real life application (Onken et al. 2007; Pitt et al. 2007; Kogstad et al. 2011).

Rationale



- Most mental health difficulties emerge in young adulthood (Patel *et al.* 2007);
- The onset of mental illness - the dilution of an individual's self-concept (Coleman 1999);
- Bunting *et al.* (2012) presented an epidemiological estimate of prevalence of mental health disorders:

young adults, defined as 18-34 years old, had the highest risk in all disorder classifications

Relevance to KESS

- The Bamford Review (2005)

“recovery” is the ethos to underpin all services”

- Transforming Your Care (2011, p.91)



“The core of independence and personalisation is a recovery model of care which assumes that people with a mental health problem can be treated and, with appropriate tailored support, retain full control of their lives”

- Delivering the Bamford Vision (DHSSPS 2012, p.26).

“recovery” can mean many different things”

Aim

This research study aims to explore young adult service user perspectives on mental health recovery



Research Design

SAMPLE:

Young Adults (18-35 years)-voluntary sector support in NI

Phase One:

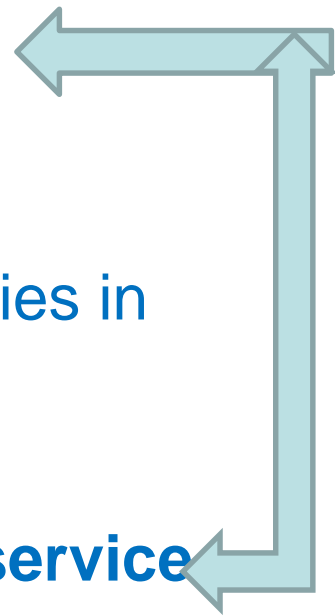
A concept analysis of mental health recovery;

Phase Two:

Two engagement groups of service users in two cities in Northern Ireland;

****Phase Three:**

Face to face semi structured interview with 25 service users



Phase Three-Semi Structured Interviews



- Method determined by the research question (Punch 2006);
- Semi structured interviews with 25 services users;
- Aged between 18-35 yrs (average age 27 yrs);
- Concept of recovery to be explored in,
“the sphere in which people actually live their lives”
(Gadamer, 1996 p.87).

Phase Three- Findings (1)

1. First Phases of Recovery

Down to Your Foundations

A Step In the Dark



“it’s hard like but ye kinda have to take a step, a step in the dark but you have to try, you have to take that first step...because if you don’t you are just going to regress and go back...or like you’re not going to recover at all...You’re not letting yourself do anything, you’re not letting, giving yourself a chance to recover” (P15)

Phase Three- Findings (2)

2. Services- A Losing Battle Straight Away

Communicating Distress

A Recovery Orientation



“they are trained, they are almost programmed to think a certain way, dya know what I mean? You can only to say to themems so much and they think they know best, so like you’re like dya know what I mean?

To have a losing battle straight away...”(P15)

Phase Three-Findings (3)

3. Surviving Out of the Ashes

A Reason to Recover



“like a phoenix out of the ashes outta a fire...the fire is your trauma, pain, everything...and then it dies down and you have the ashes...which is just like the last bit of it and then... you are like a phoenix coming out of it, you are surviving out of the ashes”(P24)

Phase Three-Findings (4)

4. Let Go of the Pain not the Experience

Focus

Time



“Recovery isn’t about where you’ve been, ye know, because too often people think about recovery this is where you were and think about recovery in the past...recovery is about where you are now and where you actually want to be in life”(P7)

Phase Three- Findings (5)

5. Recovery- Needs to be More than a Word

Application

Control Over Life



“what helped was that... it was people sitting down with me about what MY recovery was and not what...recovery was in general! I have always struggled to believe in recovery...because it is only really something recently...that I’ve been able to find for myself”(P19)

Phase Three- Findings (6)

6. Others are the “How”

Connection to Others



“there have been so many times when I just thought “I am just ending it all, I want to die...I am not living” and I have done things to try to make that happen...but it has been those people who have kept me alive...And so if it wasn’t for those people I wouldn’t be in recovery, because it has been those people who have got me through until I’ve been ready to actually fight for my recovery and then maintain it”(P20)

Key Study Conclusions

- Factors- *Healthcare Services, Real Life Application and Connection to Others;*
- Explanatory model of mental health recovery
“use the stuff you wanna bury” (P. 2)
- Let go of pain but not the experience-Time to refocus
“you have been formed from these pains” (P. 20)
- Recovery not reflective of conceptual components or lived experience *“building a better life” (P.24)*



Recommendations For Priority Groups

Policy Makers:



- Considerable risks to young adults from a generic understanding;
- Definition of mental health recovery incorporated into policy, informed by, young adults experience of the process;
- The development of age-specific strategies guided by an evidence based understanding

Recommendations For Priority

Service Providers: Groups



- Recognise/prioritise and actively attend to the pain that young adults experience;
- Services informed by the experience of mental health recovery;
- Advocacy support on initial encounters with primary care.

Recommendations For Priority Groups

Educators and Information Providers:

- Pre-post reg training informed by service users experience;
- Targeting health care communication barriers;
- Incorporation of “*the suffering human being*” within person-centred mental health care



Recommendations For Priority Groups

Young Adults in General Population:

- Increase awareness of mental health recovery in general population;
- Development of age-specific mental health promotion;
- Collaborative contemporary anti-stigma campaign.

TEENAGE KICKS



Thank You & Questions

“there is no good just saying something without the action being followed through behind, saying we are going to help you recover but then not having the infrastructure in place to help you do that...cus that is a false promise!”

(Participant 25)

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