

# RECOVERY FROM MENTAL HEALTH PROBLEMS IN YOUNG PEOPLE: A PROFESSIONAL PERSPECTIVE

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Recovery Research Group

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# OVERVIEW

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Objectives and Methodology

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# Background and Rationale

- The Recovery Movement in mental health developed in the UK, alongside legislative change in disability rights and the anti-discrimination agenda.
- Philosophy - Moves away from eliminating symptoms towards a focus on recovery being 'achievable without cure' and person-centred (Slade, 2009)
- Service-user driven at the outset, largely on behalf of adults experiencing psychosis
- Ideas have been applied to clients experiencing different types of mental health problems, including anxiety and depression
- Various models of Recovery but an absence of consensus

## Why the Child Focus?

- Department of Health extends Recovery approaches to Young People
- Children and Young People experience significant emotional distress
- Many CAMH services continue to use a symptom reduction approach resulting in young people not being offered the opportunity to “move beyond symptoms and deficits” (Repper & Perkins, 2003)
- Developmental trajectory – (Friesen, 2005)
- Less research into recovery with this client group.
- Some consensus re definition - adolescents. Recovery is...connected with the “resolution of personal or family problems”, and “movement toward greater physical, emotional and relational health” White & Godley (2007)

# Why Professionals?

- The predominant service user focus within the models has tended to be at the expense of other stakeholders, particularly mental health professionals (Noiseux *et al.*, 2010).
- In order for people in recovery to function optimally, they are frequently dependent on clinicians & practitioners, as well as their personal networks (Deegan 2001)
- A substantial focus on the *characteristics of professionals* and their practice which *promote* recovery and *facilitate* recovery-oriented practice (Lakeman, 2010; NIMHE, 2004; O'Hagan, 2001; Russinova *et al.*, 2011).
- but ***not*** what professionals themselves understand recovery to be.

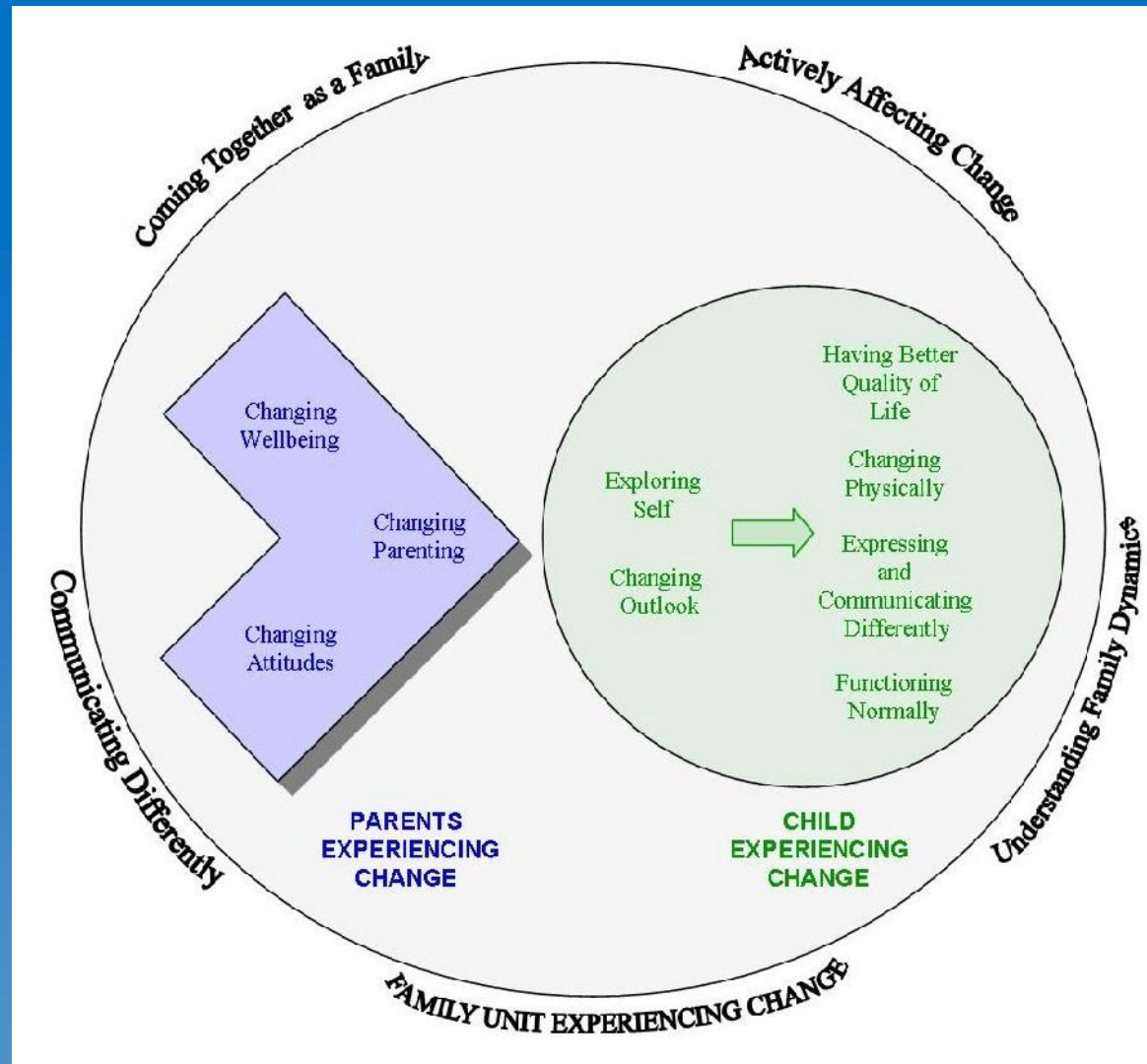
# Objectives and Method

- To develop an understanding of how CAMHS professionals conceptualise recovery from mental health problems in children and adolescents.
- Qualitative methodology- Grounded Theory; adopted theoretical sampling.
- Face to face interviews
- Participants; 12 specialist CAMHS Professionals – multi-disciplinary (6 -11 years of experience, 9 women and 3 men, ethnicity: all white British or European)
- NHS Ethics Committee and R & D approved
- Analysis: aimed to move from a set of unstructured materials, to a collection of theoretical codes, concepts and interpretations” (Pidgeon & Henwood, 1997)

# Findings

3 dominant processes emerged

- Child experiencing change
- Parents experience change
- Family unit as a whole experiencing change- more than the sum of each individual's contribution



Model of Change for Young People and Families



# Strengths and Limitations

- Diverse range of professionals
- Inductive and rigorously undertaken
- Respondent validation supported the model
- Service user engagement was foregrounded but despite extensive efforts to develop a parents consultation group no parent came forward.
- Translation to other communities limited owing to professional cultural diversity and the western medical context

# Conclusions

- Person centred Recovery has relevance in CAMHS
- No linear progression; no stages
- It has relevance for young people presenting with both moderate and significant levels of emotional distress
- As well as the identified client, parents engage with a recovery process which is distinctive
- Professionals conceived that the model needed to be extended to incorporate the holistic family centred recovery process
- Further research needs to examine family recovery

# Implications

- Commissioners of Services need to attend to the philosophy of recovery and the ramifications for outcome measurement, and the language of success
- Metrics need to be developed to support this form of change, to complement symptom orientated measures.
- Values and wellbeing need to be foregrounded for young people
- Parents' and the family unit's needs require attention in their own right

# THANK YOU !!!

## Your thoughts?

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