

Opinion piece: ‘Hearing the voices of young people!’ Do we require more personal accounts from young people who have psychotic-like experiences?

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Abstract:

First person accounts are recognised as important educational and self-exploratory approaches. However accounts from adolescents with psychotic-like experiences are largely absent in comparison to other areas of adolescent and adult psychiatry. In this piece we discuss the importance of adolescent accounts and how they may be collected and used within and outside of mental health services.

Keywords: Psychosis; Youth; Adolescence; Narrative; Psycho-education

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Main Text:

Interest in first person accounts has grown steadily across a wide range of health related contexts. From an individual perspective they may offer a means of making sense of experiences and act as a ‘*cathartic release*’ facilitating recovery (Sakalys, 2003). Narrative accounts can also offer effective educational tools allowing professionals distance for reflection and a means of understanding patient perspectives (Blickem, 2007). Whilst so-called ‘illness narratives’ have proliferated over the last twenty years, accounts focussing on psychosis and psychotic-like symptoms have been conspicuously under-represented (Woods, 2013). In recent years, a number of high-profile memoirs have been published including Elyn Saks’ *The Centre Cannot Hold* (2007) which explores psychosis and voice-hearing. First person accounts published in this (e.g. Longden, 2010) and other journals, as well as blogs on the U.K. website *Time to Change* (www.time-to-change.org.uk) are also gradually increasing in number.

Online or published accounts from young people (aged below 18 years at the time of writing) are largely absent and potentially under-represented when compared to other aspects of child and adolescent psychiatry. For example, Joe Wells’ *Touch and Go Joe* (2006) provides a moving account of his experience as a teenager with obsessive-compulsive disorder whilst Grace Bowman’s *Thin* (2007) is a memoir reflecting on teenage anorexia. Within the field of psychosis, this age group is of significance given that individuals with an illness onset before their 18th birthday have some of the poorest long-term outcomes (Fleischhaker et al., 2005).

When trying to identify potentially relevant accounts, some sources that do exist fail to provide genuine narrative experiences. For example, Escher and Romme’s book (2013)

entitled ‘*Young People Hearing Voices*’ although ground-breaking in its approach to understanding voice-hearing, only delivers the stories of eight young people from a third person perspective. Ultimately the personal stories of three young people on the *Voice Collective* website (www.voicecollective.co.uk) are invaluable at this time as young people predominately value and retain information offered by their peers (Hamilton et al., 1990).

For adolescents who are seeking help for psychotic symptoms, narratives may serve as an important support mechanism or emotional outlet. Our own research indicates that many young people find sharing their experiences with empathic peers or practitioners cathartic whilst the discovery that other young people have similar symptoms helps normalise self-perceptions (Welsh & Tiffin, 2012). Psycho-educational material (which often incorporates narrative aspects) also appears to be a form of support that young people may find acceptable (Welsh & Tiffin, 2013). From a clinician perspective, narratives as part of a psycho-educational approach may be adopted into a stepped approach to care and offered promptly post assessment (Tiffin & Welsh, 2013).

In promoting the generation and distribution of young people’s narratives, we encourage others to engage young people in this process by offering support and creative methods of sharing their experiences. Use of social media such as Twitter, Youtube and blogs may be more youth friendly alternatives to the more traditional first person journal account (which in our experience are rarely recognised by young people as a resource for information and dissemination). Understandably young people may be reticent to share their experiences publically due to concerns over peer persecution and how this information may affect them in the future. By understanding the impact these accounts may have in challenging stigma and offering the chance to document experiences anonymously, more young people may be

willing to share their experiences as a means of personal empowerment and social change (much like the achievements of the International Hearing Voices Movement to date; Longden et al., 2013). Finally, hosting these narratives or developing an up to date bibliography on one specific website would facilitate easy and prompt access for all interested parties.

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