

1 **Title:** Recovery and self-identity development following a first episode of psychosis

2

3 **Introduction**

4 Research on recovery in the early phase of psychosis has risen dramatically in
5 recent years (Santesteban-Echarri et al, 2017). A growing interest in understanding and
6 treating the early phase of psychosis has brought forth a sense of optimism and hope of
7 altering its course (Bonnett et al, 2018; Lower et al, 2015). The onset of psychosis
8 typically develops during adolescence or early adulthood; a crucial period for forming
9 peer networks, beginning the transition from family to independence, and developing a
10 stable sense of self (Harrop & Trower, 2003). Chronicity of psychosis is often conceived
11 of as a loss of self and of positive social roles and identity (McCarthy-Jones *et al*, 2012).
12 Experiencing a psychotic episode in early adolescence often disrupts developmental tasks
13 of establishing an identity and becoming more autonomous (Gumley & MacBeth, 2014).

14 Recovery from psychosis includes both symptomatic and functional components.
15 Functional recovery has been found to lag behind symptomatic remission with many
16 individuals remaining socially isolated with poor functional outcomes (Norman et al,
17 2017). Systematic review and meta-analysis of longitudinal studies of predictors of
18 functional recovery emphasise the importance of early intervention and the use of novel
19 treatments targeting cognitive deficits to improve functional recovery (Santesteban-
20 Echarri et al, 2017). Psychosocial factors and negative emotion have been found to be
21 strong longitudinal predictors of variation in subjective recovery, rather than psychiatric
22 symptoms (Law et al, 2016).

23

24 ***Subjective experience of first episode psychosis***

25 Alongside progress in demonstrating the efficacy of individual and group based
26 interventions for treating the symptoms of psychosis and improving functional recovery
27 (e.g. Coupland & Cuss, 2008; Fowler et al, 2017; Ochoa et al, 2017), further attention has
28 been paid to understanding the subjective experience of first episode psychosis (Boydell
29 et al, 2010; Windell et al, 2015). Gaining an understanding of how adolescents make
30 sense of their experiences of psychosis allows service providers to gain a deeper insight
31 in to how best to engage and support them (Brew et al, 2017). Researchers investigating
32 the prodromal period using in-depth interviews with adolescents have identified a wide
33 range of symptoms and behaviours including sleep difficulties, anxiety, problems with
34 concentration, racing thoughts and social withdrawal (Corcoran *et al*, 2003; MacBeth et
35 al, 2014; McCarthy-Jones *et al*, 2012). Studies focusing on the period during and
36 following the initial psychotic episode have highlighted how adolescents search to find
37 meaning for their psychotic experiences and adopt varied explanatory frameworks that
38 evolve over time (Larsen, 2004; Perry *et al*, 2007; Werbart & Levander, 2005).

39

40 ***Self-identity and the recovery process***

41 The process of recovery during early onset psychosis in adolescence has not been
42 investigated with reference to its influence on self-identity. Identity formation in the form
43 of secondary separation-individuation is recognised as a pivotal construct in adolescent
44 development (Becht et al, 2016). This process is mainly characterised by the adolescents'
45 disengagement from parental ties, enhanced autonomy and interpersonal relatedness,
46 which requires a realignment of attachment needs (Gumley et al, 2014). Patterns of

47 recovery from psychosis varies from person to person and multiple dimensions of
48 recovery are important when considering adolescents' subjective experiences (Bourdeau
49 et al, 2014). Recovery is a complex and idiosyncratic process, which often involves post-
50 traumatic growth, rebuilding self, emotional resilience and hope for a better future
51 (Dunkley & Bates, 2015). Positive adjustment and successful individuation processes
52 depend on how adolescents with early onset psychosis adapt and engage in their own
53 personal journey of recovery. Such processes are likely to be influenced by adolescents'
54 perceptions of self. Further work is needed to investigate adolescents' subjective
55 experiences of recovery during early onset psychosis with reference to its influence on
56 self-identity. This study aimed to explore adolescents' personal understandings and
57 experiences of recovery during early onset psychosis. It sought to gain insight in to how
58 adolescents' consider their subjective experiences of living with psychosis to have
59 impacted on self-identify. **With increasing awareness of the need for developmentally**
60 **sensitive mental health services, it is essential to clarify how recovery and identity**
61 **development are experienced and engendered by adolescents experiencing psychosis**
62 **through exploring their first-hand accounts.**

63

64 **Methodology**

65 ***Participants***

66 A purposive sample (n = 10) was obtained, whereby participants were considered eligible
67 for the study if they were: (1) aged between 16 and 18 years old; (2) recovering from
68 early onset psychosis; (3) within 3 years of first contact with an Early Onset Psychosis
69 Service; (4) were actively engaged in an Early Intervention Service; (5) able to provide

70 informed consent to their participation in the study; and (6) granted primary care-giver
71 consent for their participation. Adolescents with drug and/or alcohol problems as a
72 primary diagnosis were excluded from the study. Information concerning the adolescents'
73 demographical background is detailed in table 1.

74

75

TABLE 1 HERE

76

77 ***Recruitment***

78 The process of gaining access to research participants consisted of a number of stages.
79 Firstly, ethical approval for the conduct of the research was sought from the research
80 ethics committee in the Department of Clinical Psychology, University of Edinburgh.
81 Ethical approval was granted on the basis of its academic merit, however, its conduct was
82 conditional in that ethical approval had to be sought from the NHS Research Ethics
83 Committee (REC). Ethical approval was sought and granted from REC and the Research
84 and Development Department for Primary Care NHS Trust.
85 Adolescents were recruited from an Early Intervention Service in NHS Lothian. The
86 British Psychological Society (BPS) Code of Ethics and Conduct was followed
87 throughout the research process.

88

89 Despite extensive planning of the research, one of the most significant challenges
90 in conducting the research concerned identifying and recruiting adolescents with
91 experience of psychosis. As has been reported by other researchers working with
92 vulnerable populations (Rimando et al, 2015), intensive and proactive networking with
93 gatekeepers was needed to commence with the research. The process of initially

94 identifying and recruiting participants involved senior clinical staff in an early
95 intervention service for psychosis in the Lothian area being provided with information
96 about the study. Senior clinical staff then identified potential adolescents that they
97 reported to be well enough to participate and to have the capacity to provide informed
98 consent. Clinical staff initially approached such adolescents regarding their potential
99 participation in the study and those who expressed an interest were contacted by the chief
100 investigator. Adolescents were offered an opportunity to ask questions about the study.
101 They were sent a copy of an information leaflet about the study with a covering letter
102 inviting them to take part. This was followed by a phone call a week later asking if they
103 were interested in participating in the study. Of the eleven adolescents that had initially
104 showed interest in participating in the study, ten agreed to take part. Written consent was
105 sought from all of the adolescents as well as their primary care-givers. Adolescents were
106 offered a suitable time and date to engage in a semi-structured interview at the early
107 intervention service. Conducting the interviews with adolescents required a great deal of
108 thought and consideration; sensitivity was needed, with attention to ethical
109 considerations, the developmental stage of the adolescents and appropriate forms of
110 communication. It was anticipated that adolescents might have fears about disclosing
111 information concerning their experience of psychosis. They were informed that they were
112 free to withdraw from the study at any time and issues regarding confidentiality and the
113 protection of their anonymity were discussed.

114

115 ***Research Process***

116 The data was collected through individual, semi-structured interviews with each
117 participant. The schedule was used to let participants tell their own stories of recovery
118 and self-identity following early onset psychosis through exploring the following themes:
119 (1) understandings of self and psychosis, (2) personal history, (3) impacts on diverse life
120 domains, and (4) recovery process. The schedule was developed from a review of
121 relevant research literature and designed for the specific purposes of this study.
122 With the participants' consent, each interview was recorded using a digital audio
123 recorder. A notebook was also used for keeping reflective field-notes.

124 The data was transcribed in full verbatim to ensure no data was lost that may have
125 become significant in the wider analysis of the research findings. The primary interest
126 was in the content of the interviews, therefore it was sufficient to transcribe what was
127 being said (the words), although selective transcription notation was found to be useful.
128 That is, occasions where reference to non-linguistic features of speech were considered to
129 be of significance in the interpretation of what was being said by the participants,
130 notations were made during the transcription process. This allowed inclusion of other
131 issues relating to the setting in which the interviews took place, non-verbal
132 communication and behaviour of the participants.

133 The qualitative data stemming from the transcripts was managed with the
134 software programme NVIVO (Richards, 1999), which facilitates the storage, analysis and
135 retrieval of textual information. Each data file stemming from individual interviews with
136 adolescents (n=10) was imported into NVIVO and coded with a brief descriptor of the
137 information contained in each file (i.e. adolescent who experiences psychosis, aged 18
138 years, male).

139

140 *Analysis*

141 The data was analysed in accordance with thematic analysis (Braun & Clarke, 2006).

142 Firstly, this involved becoming closely familiar with the data by reading and re-reading

143 the interview transcripts. Following this close reading, initial codes were generated

144 through focusing on what the participants were saying in relation to their experiences of

145 recovery and the impact on self-identity. This consisted of identifying meaningful

146 extracts and coding them into themes. All the data relevant to each theme was extracted

147 and a process of defining and naming the themes commenced. The themes were then

148 refined in relation to the overall meanings that was captured for each theme. Themes are

149 key characters in the story being told about the data (Clarke & Braun, 2018). Each theme

150 being an active creation of the lead researcher that unites data that, at first sight, might

151 appear disparate; capturing implicit meaning beneath the data surface (Braun, Clarke &

152 Rance, 2014). Preliminary themes created by the lead researcher were cross-checked by

153 the co-researchers who both had expertise working within the context of early

154 intervention for psychosis. In line with the concept of ‘participant validation’ (Henwood

155 & Pidgeon, 1992), adolescents were also offered the opportunity to read the initial

156 thematic analysis of their own interview, to discuss it with the researcher, and to make

157 any comments or changes they wishes. The purpose of this was to involve the adolescents

158 more closely in the research process and to offer a further credibility check of the

159 emergent themes. Quotes from the transcripts that captured discrete aspects of each

160 theme were identified. This procedure resulted into three main themes that were largely

161 present within all ten interviews. Differences between the adolescents’ accounts are

162 highlighted. In illustrating the themes from the data, any names used in the interviews
163 have been changed to pseudonyms. Words or phrases inserted to make meanings clearer
164 are enclosed in brackets.

165

166 **Findings**

167

168 Analysis identified the themes of: (1) uncertain identities & status ambiguities, (2)
169 decrease in referent points for identity, (3) unfavourable social comparison (loss, grief &
170 self criticism).

171

172 *Uncertain identities & status ambiguity*

173 As adolescents drew upon their personal meanings and experiences of recovering
174 from a psychotic episode, they described how their sense of self had become a matter of
175 uncertainty. Quite apart from the problems of status ambiguity associated with being
176 diagnosed with psychosis (as sick; ill patient; deviant) and the difficulties this created for
177 them in terms of developing a coherent sense of self, there were other factors which
178 exacerbated the uncertainty. This included “not knowing what I’m gonna do with my
179 life” (Donna), “will I ever get rid of it (psychosis)” (Shona), and “will my mates think
180 I’m mental, like, not right in the head” (Michael). All of the adolescents expressed
181 concern in how having had an episode of psychosis impacted on their lives.

182

183 Half of the adolescents drew reference to how the onset of psychosis led to a loss
184 of contact with reality; typically including delusions and/or hallucinations. This point was

185 illustrated by Stephen who described his experience of having lost a sense of trust within
186 himself:

187

188 Having been (psychiatrically) hospitalised for the first time, well, a good thing
189 that I don't fully trust myself and believe all the delusions (pauses). I felt alone
190 and like I had lost everything.

191

192 Adolescence itself was viewed as being a time when the certainties of the past
193 (being cared for by parents; child status; having decisions made for you) gave way to a
194 situation characterised by a greater level of ambiguity and skepticism. This point was
195 captured by Jennifer who stated:

196

197 I mean being this age is hard enough, like, trying to work stuff out and deciding
198 what to do next, like to go to college or whatever (pauses), I guess that's not
199 gonna happen now, cos I'm in here (early intervention service), I don't see the
200 point now.

201

202 Living with psychosis said something about the adolescents' recovery and self-identity. It
203 was not just a matter of what it symbolised to others, but of what it symbolised in terms
204 of their construction of the self. They had different opinions in terms of what it said
205 about self-identity. For a couple of the adolescents their experience of psychosis had set
206 them aside from others and made them "special" (Shona & Mark).

207

208 At the same time, all of the adolescents acknowledged that their larger cultural
209 context holds pejorative viewpoints towards their “being psychotic” (John) and reported
210 experiences of stigma and social exclusion within their social networks. They recognised
211 that in telling other people about their psychosis they ran the risk of embracing an
212 identity which, whatever it meant to themselves, was often seen as “mad” (Callum),
213 “tainted” (Shona) and/or “dangerous” (John). For Alison, the fear surrounding psychosis
214 was felt to have had a negative impact on how people perceived her:

215
216 Stuff that I’ve been dealing with in my life so it’s pretty normal to me (pauses)
217 it’s voices, I see things, it’s hard for me to know what is and what isn’t psychosis.
218 I think if I say the word ‘psychosis’ to someone it sounds really big and scary. It’s
219 quite a big part of me, em, it affects the ways ... people perceive me, I think if
220 people think that you’ve got this (psychosis) you’re not allowed in public with
221 them because you’re weird (pauses). It’s like being damaged in some way.

222

223 ***Decrease in referent points for identity***

224 One specific aspect of this context of uncertainty which had particularly
225 significant bearing on the issues raised by all of the adolescents concerned their perceived
226 decrease in referent points for developing their own sense of identity. Factors that served
227 as referent points in the past (self; peer group; siblings; parents; school) no longer
228 operated with the same force or clarity. While the majority of the adolescents placed
229 importance on peer relationships, they all expressed their difficulties in developing and

230 maintaining friendships. Michael described his sense of feeling socially isolated
231 following a psychotic episode:

232

233 I feared being alone and that I would lose all my friends, well my old friends just
234 disappeared, I mean I told some of them (about psychosis) but they just started
235 going about with other people so (pause), I just lost friends.

236

237 One particularly problematic consequence of their experience of living with
238 psychosis was the impact this had on establishing and maintaining referent points. In
239 adopting a referent group, that being with other adolescents recovering from psychosis,
240 they established a shared experience with others and reduced their tendency to feel alone.
241 At the same time, this also created mixed feelings in terms of how this affected their
242 developing sense of self. This point was illustrated by Donna who drew upon her
243 experience of attending a therapeutic recovery group:

244

245 They have similar problems to me (pause), that can be quite nice, you know to
246 feel part of a community of people cos it can be quite isolating when you hear
247 voices. It's also scary to be around people that can be struggling more than you
248 are, like to think 'am I really like them?'. Suddenly you're getting locked away
249 into that (identity) with no way out.

250

251 Their search for meaning and understanding their experiences of psychosis were critical
252 to their paths to recovery. Callum described how he sought to make sense of his
253 experience through engaging with his keyworker:

254

255 When it (psychotic episode) happened to me I didnae even know what was
256 happening, like that I was ill, like, I was just scared (pauses), I still don't know
257 how it happened, or why me? My keyworker is trying to help me understand it
258 and she understands it, so that makes me feel a bit better.

259

260 ***Unfavourable social comparisons (loss, grief & self criticism)***

261 The adolescents tended to compare themselves unfavourably with past selves and others.
262 They talked about their difficulties (of social life; going to college; getting a job) by
263 invoking what they used to be able to do (comparison with past selves) and by
264 highlighting what other people are capable of doing (comparison with peers, siblings,
265 parents). A couple of the adolescents also compared themselves with people less
266 fortunate than themselves (terminally ill; homeless people) to emphasise their existing
267 strengths. However, these comparisons were experienced as counterproductive as they
268 made them worry about their own futures. This point was captured by John in describing
269 his concerns about not being able to progress with his life through fear of being
270 psychiatrically hospitalised again:

271

272 I can't really see me getting over it, like I worry about it all the time, I don't want
273 to have to go back in (psychiatric) hospital again (pauses). My friends are all
274 going to college or University and I'm just here.

275

276 The uncertainty and ambiguity associated with psychosis meant that social comparisons
277 tended to emphasis loss and grief. All of the adolescents drew reference to how their
278 experience of psychosis had contributed towards a sense of intense sorrow and mourning.
279 They drew reference to feeling "sad" (Donna), "like a bit of me is dead" (Callum) and
280 "I'm fading away" (Shona) and this further exacerbated their tendencies towards making
281 unfavourable social comparisons (between self and others).

282 Losses were experienced by the adolescents in multiple domains of their lives
283 (peer and romantic relationships; educational achievements) following their episode of
284 psychosis. Apparent in the majority of the adolescents' accounts was a tendency to adopt
285 a self-critical stance on factors contributing towards the onset of psychosis. Reference
286 was made to their experience of psychosis as being "all my own fault" (Stephen), "I
287 messed everything up" (Mark) and "I've put my mum through hell" (John). A sense of
288 shame and negative self-appraisal associated with having had a psychotic episode was
289 captured in Lisa's account:

290

291 I guess like I blamed myself for what I was feeling and thinking and I felt kind of
292 ashamed of myself for what I was feeling and thinking and I feel like I can't really
293 do stuff I did before, you know, like going out with my pals or going to gigs. I
294 often think it's all my fault.

295

296 Half of the adolescents described how they sought to deal with such losses by
297 accepting their diagnosis and treatment. Others placed importance on their quest to gain
298 further information about psychosis and make sense of their individual experiences to aid
299 their recovery process. The adolescents had been to “education groups” (Callum &
300 Alison), “therapy” (Jennifer, John & Shona) or had read “leaflets about psychosis”
301 (Mark) which they had found helpful in their attempts to understand their lived
302 experiences. Apparent in all of their accounts was the evident need to continue exploring
303 their emerging self-identities within the context of their recovery journeys.

304

305 **Discussion**

306 In exploring adolescents’ understandings and experiences of recovery during early onset
307 psychosis, this study aimed to gain insight in to how adolescents consider their
308 experiences of living with psychosis to have impacted on their self-identifies.

309 Establishing a stable self-identity is considered to be at the heart of the recovery
310 process (Connell et al, 2015) and is the core developmental task of adolescence (Crocetti,
311 2018). In drawing upon adolescents’ personal accounts, the complexity associated with
312 establishing a coherent understanding of their experiences of psychosis contributed
313 towards their identities becoming a matter of uncertainty. This finding is similar to
314 studies reporting on the experiences associated with early onset psychosis, whereby the
315 core of the self is displaced by the multiplicity of ‘selves’ established in relation to
316 different referent groups (Nelson *et al*, 2009; Norman et al, 2014). Given that there is
317 often diagnostic (Adeponle et al, 2015) and prognostic (Benoit et al, 2017) uncertainty in

318 the first episode of early-onset psychosis, it is understandable that the adolescents
319 experienced status ambiguity and struggled to establish a stable sense of self. When
320 adolescents' experiences of psychosis are not validated by those closest to them and are
321 discounted by others, their very status as citizens in their communities to which they
322 belong can become threatened. At the same time, the uncertainty surrounding the
323 developing sense of self in adolescence is a normative phenomenon, typically
324 experienced by many adolescents as they negotiate the many transitions and roles leading
325 them towards adulthood (Hurrelmann, & Quenzel, 2013). The extent to which
326 adolescents find a stable identity is intertwined strongly with their psychosocial
327 functioning and well-being (Crocetti, 2017). It is likely that adolescents that experience
328 an early onset of psychosis are at increased risk to the emerging self and arrested
329 maturational development (Braehler & Schwannauer, 2011).

330 As has been found in earlier work (Harrop & Trower, 2003; McCarthy-Jones *et*
331 *al*, 2012; Romano *et al*, 2010), adolescents drew reference to the disruption to their lives
332 following the onset of psychosis. A perceived decrease in referent points and attention to
333 the negative social impact living with psychosis had on their developing sense of self
334 contributed towards relationship breakdowns. Studies that have investigated peer
335 (Mackrell & Lavender, 2004) and familial relationships (Fortune *et al*, 2005), emphasis
336 the uncertainty surrounding the nature of such relationships before and during the course
337 of psychosis. Some researchers have reported that individuals who develop psychosis
338 experience pre-morbid difficulties in peer functioning in childhood compared to controls
339 (Dworkin *et al*, 1994; Mackrell & Lavender, 2004). Others have presented evidence to
340 suggest that social functioning and relationship deficits occur primarily during the pre-

341 onset phase (Macbeth & Gumley, 2008). Nonetheless, there is agreement that supportive
342 peer and familial relationships are associated with adaptive functioning in psychosis
343 (Attard et al, 2017). Indeed, the adolescents in the current study emphasised the
344 importance of relationships despite the evident problems they experienced in developing
345 and maintaining social networks. **Given the developmental stage of individuation, when**
346 **young people typically move away from familial relationships towards friends, the**
347 **current findings suggest that supporting adolescents to find a relatable and supportive**
348 **peer group is an important consideration for practitioners.**

349 **Consistent with previous studies** (Braehler & Schwannauer, 2011; Gumley *et al*,
350 2010), social comparisons tended to emphasis loss and grief. A tendency towards
351 adopting a self-critical stance in describing losses in diverse areas of their lives may be
352 linked to negative self-appraisals (Gumley *et al*, 2008). Indeed, a large body of research
353 has highlighted the persistent and disabling consequences of both self-stigmatising
354 (Karidi *et al*, 2009) and stigmatising attitudes of others towards people who experience
355 psychosis (Burke et al, 2016; Rusch et al, 2014). **The findings of this study emphasise the**
356 **important relational component of others modelling non-stigmatising attitudes, recovery**
357 **and normalising psychosis in planning and implementing early interventions for**
358 **psychosis.**

359 The need to feel accepted by others is a normative component of developing a
360 stable sense of self in adolescence (Braehler & Schwannauer, 2011; Gumley, *et al*, 2010);
361 early onset psychosis is likely to interrupt this process at a pertinent developmental
362 period (Harrop & Trower, 2003). It is likely that psychotherapeutic interventions that
363 encourage the development of self-reflection, compassion towards the self (Braehler &

364 Schwannauer, 2011; Dudley et al, 2018; Gumley & MacBeth, 2014; Laithwaite *et al*,
365 2009) and acceptance of the experience of psychosis (Attard et al, 2017; Gumley et al,
366 2017; Vilhauer, 2017; White & Gumley, 2010; White *et al*, 2011) will aid the recovery
367 process.

368 In considering the limitations of the current study, it is important to acknowledge
369 that the analytical process is based on the subjective interpretation of the themes
370 extracted from the data, which are inadvertently influenced by the researchers'
371 knowledge and assumptions as clinical psychologists. It is also important to note that
372 according to some studies (Pedersen et al, 2017; Shek *et al*, 2010), persons who are
373 acutely psychotic may have substantially impaired decision making abilities, including
374 problems with reasoning. Consequently, adolescents who's lives were most severely
375 affected by their experience of psychosis were not included in the study. Such
376 adolescents may be more inclined to experience difficulties in terms of developing a
377 stable sense of self. **Indeed, preliminary discussions with senior clinical staff who assisted
378 with recruitment reported this to be the case.** With this in mind and given the small
379 sample size the current findings do not represent a comprehensive picture or
380 generalisable results. Future research incorporating other key informants (e.g. key
381 workers; family members, peers) could provide a more holistic stance. While rich and
382 informative findings have emerged, the study population were predominantly of white,
383 low to middle class origin. Future work exploring social, clinical and demographical
384 differences amongst adolescents experiencing early onset psychosis is essential, in that
385 research and interventions must be varied to allow for diversity in race, culture and
386 ethnicity (Cicero & Cohn, 2018). Encouraging and supporting adolescents that have

387 experienced an episode of psychosis to re-engage in their communities
388 encompasses acceptance, and the work of personal and social recovery (Fowler et al,
389 2017). Indeed, full membership in society, involves the “5 Rs” of citizenship:
390 rights, responsibilities, roles, resources, and relationships, accompanied by a sense of
391 belonging (Rowe et al, 2012). Adolescents that have experienced psychosis are often
392 excluded from the 5 Rs. By the time they enter early psychosis services, they are often
393 experiencing increasing detachment from the world around them (Hansen, Stige,
394 Davidson, Moltu, & Reseth, 2017). The importance of human reconnections, advocacy
395 and community reintegration, as well as continued public mental health campaigns to
396 tackle the stigma surrounding psychosis are essential steps to assisting people in their
397 recovery journeys. Such developments would help inform and advance public mental
398 health initiatives and education to assist adolescents recovering from psychosis.

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410 Table 1: Background information relating to adolescents with experience of psychosis

PIC	Age in years	gender	Presenting problems (accompanying psychosis as primary diagnosis)	Contact with mental health services in years	Number of hospitalisations
Donna	18	Female	Anxiety & interpersonal difficulties	4	2
Shona	18	Female	Anxiety	2	1
Alison	17	Female	Depression & anxiety	1	0
Jennifer	18	Female	Mania & low mood	3	1
Lisa	18	Female	Anxiety	2	1
Michael	18	Male	Substance misuse	2	1
Stephen	17	Male	Aggression & attention difficulties	1	0
Mark	16	Male	depression	2	0
John	18	Male	Mania & low mood	5	1
Callum	18	Male	Social anxiety	1	0

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