MARCH 2020

BEING HERD STORIES

Thematic Analysis, Insights and Recommendations

disclaimer

Inherent Limitations

This report has been prepared for batyr through a consultancy process using specific methods outlined in the Methodology section of this report. ConNetica has relied upon the information obtained through the consultancy as being accurate and ConNetica has not undertaken any auditing or other forms of testing to verify accuracy, completeness or reasonableness of the information provided or obtained. Accordingly, ConNetica can accept no responsibility for any errors or omissions in the information provided shown in this report based upon information provided.

Suggested Citation

Mendoza J and Wands, M. Being Herd Stories – Analysis, Insights and Recommendations ConNetica. Coolum Qld. October 2019.

acknowledgments

The ConNetica team wishes to acknowledge batyr's commitment to supporting young people and helping create a platform for their stories to be heard. In particular, we thank project leaders Robert O'Leary (Being Herd Program Manager) and Stephanie Vasiliou (National Programs Manager). We would also like to thank the young people who shared their stories and attended the focus groups. Your combined experiences, insights and recommendations have provided a useful reference document that can be used by batyr to inform future initiatives that aim to enhance and sustain good mental health, recovery and practical advice to significant others who impact the health and wellbeing of young people.

This project would not have been possible without the generous support of the National Mental Health Commission and we thank the Commission.

Consulting Team

ConNetica Consulting Pty Ltd

Directors
Adjunct Professor John Mendoza and Marion Wands

ConNetica
CREATING BETTER FUTURES

www.connetica.com.au

table of contents

abbreviations

ACT
Australian Capital Territory

AOD
Alcohol and Other Drugs

GP
General Practitioner

HSC
Higher School Certificate

JM
John Mendoza (reviewer)

MW
Marion Wands (reviewer)

NSW
New South Wales

executive summary

Background

batyr is a for purpose preventative mental health organisation, created and driven by young people, for young people. batyr facilitates positive conversations driven by stories from young people with lived experience of mental ill-health.

A core part of batyr is the Being Herd program, which has an alumni of 736 young people with a lived experience of mental ill-health. Approximately one third of batyr's "herd" progress through additional training and become speakers. Speakers are supported through this process by a dedicated Being Herd staff member to ensure speakers are supported and stories are shared in a safe and impactful way considering best practice guidelines for speaking about mental ill-health.

batyr engaged ConNetica to undertake a thematic analysis of the stories written by 83 active speakers, aged 18 – 30 years, who are members of batyr's Being Herd community. These stories explore personal experiences of mental ill-health.

Method

The process used to develop and continually refine the data to capture the experiences of the young people was based on 'Grounded Theory', incorporating elements of narrative design. In this project, the specifics of each story, were analysed, coded and then through an inductive process, developed to be more general propositions or theories.

The batyr stories taken together, represent a collective narrative of a self-selected group of younger Australians and their experiences of hardship, mental ill-health and recovery in the early 21st Century.

In this project, in addition to the ongoing communication with the batyr project team, there were two facilitated reviews of the analysis with a cross section of Being Herd alumni and batyr staff.

Given that the analysed narratives for this report are from a select group of 83 young Australians, it is important to not over generalise and apply the findings of this study to all young people in Australia.

Thematic Analysis

Four key themes were identified in the young people's stories of their experiences of mental ill-health and recovery. While no two stories were the same, there were a number of common elements that were identified in the four themes. The four key themes were:

Foundations and precipitating factors

This theme describes the personal and contextual elements of their early childhood particularly their family and schooling experiences.

- The personal factors most commonly identified were very high or unrealistic expectations of self, perfectionism, childhood anxiety, low self-esteem, poor coping skills, and a family history of mental illness.
- The contextual factors most frequently raised were parental and societal expectations, poor family communications, and the absence or inadequacy of school or organisational supports.
- Together these formed a constellation of personal and contextual precipitating factors, that laid the foundations for the development of angst, despair for some, and mental ill-health.

Additional variables

This key theme describes the range of elements that had an accelerant or multiplier effect on the foundational and precipitating factors.

- For example, in nearly half of all the stories, several foundation factors established the pre-conditions for mental ill-health and were activated or significantly worsened by a traumatic event or series of adverse events. Unchecked bullying at school, online and/or at work, was the most common variable with more than a quarter of all stories referring to it and its impact. Other traumatic events included family separation, family violence, sexual assault, or death of someone close.
- Less frequently cited variables included migrant family backgrounds, alcohol and/or other drug use, relationship breakdown and harassment associated with one's sexuality and/or gender identification.
- The impact of these elements was often significant in the trajectory of one's mental ill-health.

Transition to recovery

This theme describes the range of elements that contributed to young people's commencement of their recovery journey.

- While almost every storyteller referred to early encounters with healthcare professionals, including school-based counsellors, as ineffective, a number of them recognised at later points that the barrier to engagement lay with themselves in relation to their willingness to "reach out" for help and not the care giver.
- An anchor person – someone who is always there

executive summary

giving unconditional support and/or love - was a very common aspect of transition to recovery.

- The most common turning points were around the beginning of self acceptance and finding a healthcare professional that 'clicked' for them. Occasionally it was relating to what they felt was a rock bottom – suicidal thinking or a suicide attempt, or hospitalisation in an acute care or psychiatric intensive care unit – and the courage to confront their fears.

Recovery and wellbeing

This theme describes the range of elements (behaviours, activities, supports, services) that contributed to sustained recovery and wellbeing outcomes.

- Most prominent is the almost universal element – the acceptance of one's self and/or their mental illness.
- It includes a suite of self-care behaviours and practices that keep them well and are crucial when they experience a period of mental ill-health. The suites vary but it is never one thing but a combination they have acquired through therapy, self-learning and insight which they find they must adhere to. The most commonly cited are exercising, meditation and mindfulness, socialising (i.e. making a conscious effort and decision to socially connect), learning self-care and enhanced personal effectiveness, followed by maintaining routine, practicing gratitude and a balanced and healthy diet.
- Receiving unconditional love (from at least one other person), an anchor person and access to effective healthcare professionals were also almost universal in all the stories as key elements of sustaining recovery. Medication was a factor in about half of all stories.

Recommendations

The recommended actions are grouped around the four key themes. It is envisaged that the implementation of these actions happen simultaneously so that there are changes being actioned at broad social, organisational and individual levels - combining 'bottom up' and 'top down' strategies.

1. Addressing foundations and precipitating factors

- **Acceptance and inclusion campaign:** batyr is well placed to work with partners to develop, test and implement a digital social marketing campaign to promote the benefits of self-acceptance, acceptance of one's lived experience of mental ill-health and acceptance of others.
- **Diversifying the Herd:** batyr has an opportunity to reach a broad cross section of young Australians: those in regional, rural and remote Australia, Indigenous young Australians, sexually diverse young people, those from culturally and linguistically diverse backgrounds, and those from communities with few resources, unable to find work or in our expanding youth justice system.
- **Hearing the next Herd:** batyr is well placed to continue to engage future cohorts of young people, capture and analyse their experiences to continue to inform policies, programs and practices in healthcare, education and social care. It is recommended that another qualitative study of 100 young people aged 18-30 years be undertaken in 2024-25.

2. Addressing additional variables

- **Multi-year collaborative school program project:** It is imperative that all schools have in place evidence based social and emotional learning programs from K-12. batyr can act as an advocate for this to be the reality for every Australian student.
- **Navigating transitions:** batyr is well placed to develop a program that supports people working with and/or supporting young people at key transition points in their life. The development of this program should be evaluated in a way that will contribute to a best practice evidence base for supporting young people who are navigating transitions.

3. Enhancing the transition to recovery

- **Early conversations and empowering 'anchor people':** Providing more training and education opportunities to empower 'anchor people' including parents, siblings, friends, teachers, and sport coaches with the knowledge, skills and confidence to have conversations with young people to help them when they begin to experience mental ill-health or a personal crisis, and to hold-fast in supporting them through tough times.

4. Supporting recovery and wellbeing

- **Healthy HERD behaviours Campaign:** This campaign could include the range of behaviours and actions that the young people shared in relation to their recovery journeys.

project background

batyr is a for purpose preventative mental health organisation, created and driven by young people, for young people. batyr facilitates positive conversations driven by stories from young people with lived experience of mental ill-health.

A core part of batyr is the Being Herd program, which has an alumni of 736 young people with a lived experience of mental ill-health. Approximately one third of batyr's "herd" progress through additional training and become speakers. Speakers are supported through this process by a dedicated Being Herd staff member to ensure speakers are supported and stories are shared in a safe and impactful way considering best practice guidelines for speaking about mental ill-health.

batyr engaged ConNetica to undertake a thematic analysis of the stories written by 83 active speakers, aged 18 – 30 years who are members of batyr's Being Herd community. These stories explore personal experiences of mental ill-health.

These stories explore each young person's experience of mental ill-health. In undertaking this analysis ConNetica sought to identify and analyse the following in each young person's story:

- experiences of hard times or adversity, including the personal factors and contextual issues relating to the development of mental ill-health and barriers to recovery
- help-seeking behaviours
- actions, services and individuals that were helpful
- approaches to self-care, including experiences of hope, resilience and sustained wellbeing
- strategies, tools and recommendations to:
  - reduce the incidence and severity of adversity,
  - improve the quality of service provision and
  - improve interpersonal relationships to enhance prevention and earlier interventions.

It is envisaged that the findings from this analysis and this report can be used to inform mental health policy and related mental health promotion initiatives, and contribute to the development of an evidence base which will be used to promote the value and importance of youth specific consumer participation in policy and service discussions.

methodology

Grounded and Narrative Theory

The process used to develop and continually refine the data to capture the experiences of the young people was based on a well known qualitative methodology, 'Grounded Theory', incorporating elements of narrative design. In this project, the specifics of each story, were analysed, coded and then through an inductive process, developed to be more general propositions or theories.

In Grounded Theory, data collection, analysis and theory formulation are connected in a reciprocal sense, and the approach incorporates explicit procedures to guide this[1]. In this project the reviewers independently 'openly coded' an initial sample of 20 individual stories (or nearly 25 percent of the total) to identify the relevant themes manifestly evident in the young people's experiences. Over 150 elements were identified in this coding stage. Secondary or axial coding was undertaken to develop the initial themes and elements before continuing with the review of all 83 stories. Finally, a third level or "core coding" was used to distal the data into a coherent theory or model of the experience of hard times and mental ill-health and the journey to recovery and wellbeing.

Narrative research design allows for the analysis of the first hand experiences of the storyteller in a personal and social context. Narrative design allows for the 'voice of the consumer' or the written words of those with lived experience, to be fully reflected in the analysis. Narrative design requires collaboration with the participants to ensure that the analysis is true to the spoken or written word of the participants[2].

In this report, 'stories' refers to the actual words spoken or written by people while 'narratives' refers more to the dimensions and elements comprising particular stories[3]. The batyr Herd stories taken together, represent a collective narrative of a self-selected group of younger Australians and their experiences of hardship, mental ill-health and recovery in the early 21st Century.

In this project, in addition to the ongoing communication with the batyr project team, there were two facilitated reviews of the analysis – one following the secondary coding of all 83 stories – and a second toward the final draft stage of the report with the focus on the coding and the development of recommendations.

Narratives in the Experience of Mental ill-health and Recovery

Stories and narratives of the experience of mental ill-health, mental health services and recovery have been a feature of mental health reform, community education, professional development and personal growth for the past three decades[4]. While the era of deinstitutionalisation reforms from the 1950s to the early 1990s, were largely lead by psychiatrists and public administrators, the mental health consumer movement has since played a more central role in the establishment of the recovery philosophy and practice through personal accounts of the lived experience.

A systematic review and synthesis of narratives of recovery, published between January 2000 and July 2018, was completed in March 2019[5]. The reviewers found the recovery narratives diverse and multidimensional and often non-linear and rejecting coherence or conformity. The authors make the point that recovery-focused narratives incorporate social, political and human rights dimensions more so than narratives with an illness focus. The recovery movement is indeed recognised as a civil rights movement[6].

The Llewellyn-Beardsley study cites a range of perspectives and applications of personal accounts of the experience of mental ill-health and recovery:

- Sharing lived experience stories has become central to the development of national and international mental health policy, a new language in care settings, service redesign, program governance and accountability and care practices
  - Sharing lived experiences has led to 'recovery' becoming the dominant paradigm and philosophy in mental health policy, mental health standards and both clinical and non-clinical care settings
  - As a strategy to improve empathy and understanding of healthcare staff and ultimately changing clinical guidelines and practices.
- Stories of experiences, shared collectively, enable survivors and users to build solidarity and inspire hope in the face of adversity, discrimination, and the diminishing or loss of citizenship:
  - Story sharing as a means of enabling individuals to make sense of their experience, defining and enabling insight, and a way to feel heard by others and validated
  - Story sharing as a mechanism for externalising negative or traumatic events
  - Story sharing as means of reducing stigma
  - Story sharing as a means of understanding the emotional and behaviour responses of self and others
  - Story sharing as a mechanism for peer support and peer worker training.
- The sharing of lived experience is also important for creating public stigma change. Generally, research shows that lived experience storytelling combined with education has greater effects than education alone on shifting attitudes and behaviours[7].

---

1 TieYC, Birks M & Francis K. (2019). Grounded theory research: A design framework for novice researchers. SAGE Open Medicine, 7; 1-8. Available at: https://doi.org/10.1177/2050312118822927

2 Squire C, Andrews M, & Tamboukou M. (2013). Introduction: What is narrative research? In Doing Narrative Design, Eds Andrews M, Squire C & Tamboukou M, London: Sage, 2008. Available at: https://www.researchgate.net/publication/49290370

3 Riessman CK. (2008). Narrative methods for the human sciences. London, Sage.

4 Brown W. (2008). Narratives on Mental Health Recovery. Social Alternatives; 27 (4).

5 Llewellyn-Beardsley J, Rennick-Egglestone S, Callard F, Crawford P, Farkas M, Hui A, et al. (2019).Characteristics of mental health recovery narratives: Systematic review and narrative synthesis. PLoS ONE 14(3): e0214678. https://doi.org/10.1371/journal.pone.0214678

6 Thornhill L, Clare H & May R. (2004). 'Escape, enlightenment and endurance. Narratives of recovery from psychosis.' Anthropology & Medicine 11:181-199.

7 Corrigan P. (2015). On the Stigma of Mental Illness: Practical Strategies for Research and Social Change. Washington, DC, American Psychological Association. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3610943/pdf/nihms363969.pdf

methodology

Data Collection Phases

The project consisted of six distinct stages to analyse, gather and confirm findings and resulting recommendations. These phases are detailed below.

Phase One

Thematic Analysis of the Being Herd Stories

batyr invited all members of the Being Herd Speaker community to participate in the project by email and internal communication. A Participant Information Form and a Consent Form were developed by the reviewers, consistent with ethics guidelines. A total of 83 members of the Being Herd speaker's community agreed to share their stories for the project.

All stories were deidentified by batyr and care has been taken in the use of any quotes in this report to maintain the privacy and confidentiality of authors and any healthcare or educational professionals.

A random selection of 20 stories were originally read by each of the reviewers (JM and MW) to inform the first draft of the Themes Spreadsheet. Each reviewer then read all 83 stories a minimum of two times to identify all themes and sub-themes using separate spreadsheets to capture the range of experiences detailed in the 83 stories.

Spreadsheet data was compared with some descriptors altered and/or combined. Where discrepancies in the spreadsheets were evident, the stories were reviewed by one reviewer (JM or MW) and data amended if necessary.

The key elements and sub elements included are shown in Table 1 below.

Table 1 - Key Elements and Sub-elements identified from the Being Herd Stories

Key Elements	Sub-Elements
Employment/study status	University student/graduate TAFE Employed Unemployed
Experiences of hard times/ development of mental ill-health	Mental illnesses (anxiety, depression, psychoses, eating disorders, personality disorders) Alcohol and other drug use Suicidal thinking and behaviour Body image/personal feelings/sexual identity Schooling experiences Family experiences Friendships/relationships Experiences of trauma or abuse Self-efficacy/self image Accommodation experiences while unwell
Elements of recovery/regaining health and wellbeing	Parents/extended family/friends/professionals/services Accommodation and safe spaces Intimate relationships Self-efficacy/self worth Recovery/healthy practices Work/study/financial status
Consistent features of recovery	Acceptance of self, self worth and their mental illness Effective professional support Effective medication Receiving unconditional love from family/parent-s/friend-s Anchor person

methodology

Phase Two
Exploration Workshop

This four hour workshop was conducted in Sydney on 15th August. The Exploration Workshop was attended by nine Being Herd Speakers (four face to face and five via video conference) and five batyr staff members. Four of the Herd members that attended the workshop also took the opportunity to provide further written reflections.

The objectives of this workshop were to:

- Share and confirm findings arising from the thematic analysis
- Share additional insights around words/ actions/supports/services to:
  - reduce the impact of difficult times, and
  - strengthen the wellbeing of young people

The thematic analysis involved a comprehensive presentation of the:

- 'drivers' or precipitating factors and underlying features and contextual features creating hard times and mental ill-health for young people, and
- actions, services, individuals, beliefs that facilitated a transition to and sustained recovery outcomes and wellbeing.

The attendees agreed that the initial thematic analysis accurately reflected the range of hard times experienced by young people and the development of mental ill-health and the range of actions, services, individuals and beliefs that facilitate the transition to recovery and sustained recovery outcomes.

Additional questions were then discussed with the participants to further explore the above issues. The questions discussed were:

1. What was the turning or pivot point that prompted you to seek support?
2. What are the qualities of people who have helped you through difficult times?
3. What actions/gestures/words/contexts could the following people demonstrate to increase your willingness to seek help and or adhere to agreed plans?
   - a. Clinicians
   - b. Family members
   - c. Friends
   - d. Schools/universities
   - e. Workplaces
4. What would be your key messages to others who are struggling?
5. What strategies/actions would you recommend as ways to encourage people to seek help before a crisis develops?

The information gathered from this workshop was collated and used to consolidate the Themes Table, consolidate the core elements in the themes and develop the "Being Herd Transition to Wellbeing" model.

Phase Three
Written Responses to the Workshop

Young people who were unable to attend the Exploration Workshop were invited to provide written responses that addressed the five questions discussed at the workshop. Six submissions were received and analysed to further contribute to the range of themes already identified in the Themes Table.

Phase Four
Collation and analysis of all themes

All data collected from the previous three phases was reviewed and analysed to prepare the first draft report that detailed the themes relating to the experiences of hard times and mental ill-health, transition to recovery and sustained wellbeing outcomes. In addition to the identification and exploration of these themes, a broad theoretical model of the analysis was posited providing a high level generalised representation of the journey described in the stories from childhood, the transition to adulthood and early stages of adulthood. That journey covering the impact of adversity and hard times, the earliest experiences of mental ill-health, the expression of mental ill-health, the turning point/s and the path to recovery.

A series of strategies were identified from the stories to ameliorate the 'precipitating factors' and 'personal and contextual variables' that contributed to or underpinned hard times and adversity and the development of mental ill-health. Similarly, the supports, actions and tools to better enable the transition to and sustaining of recovery and wellbeing outcomes were identified.

Phase Five
Confirmation Workshop

The purpose of the Confirmation Workshop was to share with a representative group of batyr's Being Herd speakers and batyr staff the draft report and to incorporate feedback to further enhance the conclusions, the Being Herd Transition to Wellbeing model, the usefulness of the strategies and tools, and its potential to influence future policies.

Phase Six
Final Report

The final report incorporated feedback arising from the Confirmation Workshop.

methodology

Data Collection Touch Points

The following table details the numbers of participants involved with each data collection touch point.

Table 2 - Participant Touch Points

Data Collection Method	Number
Review of de-identified stories ☞ ACT – 3 stories ☞ NSW – 49 stories ☞ Queensland – 7 stories ☞ South Australia – 7 stories ☞ Victoria – 19 stories	83
Exploration Workshop to confirm and extend initial findings	14
Exploration Workshop - written responses	6
Confirmation Workshop - to discuss findings and confirm recommendations	11
Total participant data touch points	114

In addition, ongoing status discussion meetings were held with batyr Being Herd Project Manager and other relevant batyr staff to discuss findings, engagement strategies and potential recommendations.

Study Limitations

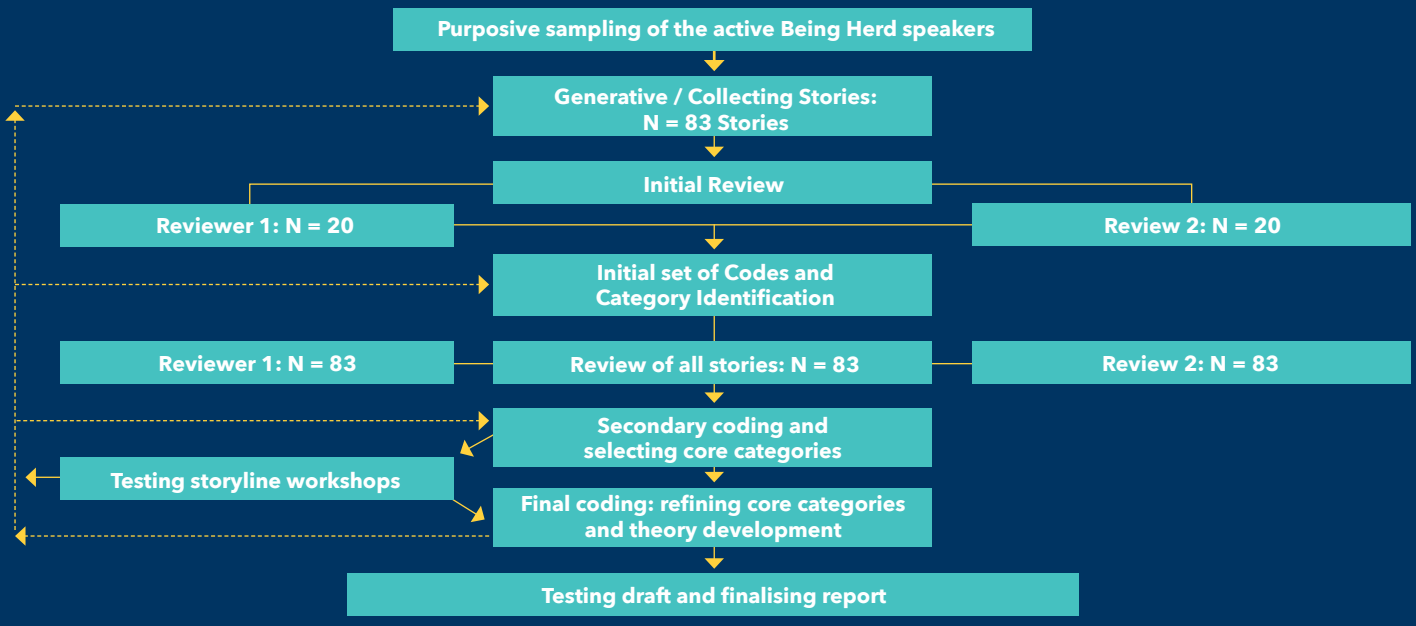
The narratives analysed for this report are from a select group of 83 young Australians aged 18-30 years. Three out of every four of this group are either university graduates or presently completing university studies and are predominately residents in metropolitan or major urban regions. All are members of batyr's Being Herd Speaker community and have undertaken training and received support in writing their own story. All of the young people involved are committed to the objectives of batyr to facilitate positive conversations on the experience of mental ill-health.

It is important, therefore, to not over generalise the findings of this study to all young people in Australia.

Further caution on generalising the findings from qualitative analysis is also warranted. The results from this study, when combined with other data on the mental health of young Australians, can provide a more robust basis for policy and program interventions.

It is also important to acknowledge that this is a large collection of experiences told by a specific cohort of young Australians in the early part of the 21st Century. Their experiences occurred when the first wave of social media platforms were impacting on their development and life experiences as children and young people transitioning to adulthood.

Model 1 - The Being Herd Study Design Framework



thematic analysis

Prior to commencing this detailed exploration of these themes and associated elements, it is useful to gain an appreciation of the deeply personal nature of mental ill-health, the despair that young people endured, the impact of these experiences and a yearning for meaningful connections.

Introduction

This section outlines the four key themes and the associated elements that were identified in the young people's stories of their experiences of mental ill-health and recovery. The majority of young people identified as being university students (78 percent) and approximately 30 percent made reference to being in some form of employment (full time, part time or casual).

It is important to note that while no two young people's stories were the same in relation to their lived experience, the impact of these experiences and transition to recovery and sustained recovery outcomes, there were a number of common elements that were identified in the four themes.

The four key themes include:

Foundations and precipitating factors

This theme describes the personal and contextual elements of their early childhood particularly their family and schooling experiences. The personal factors most commonly identified were very high or unrealistic expectations of self (overcommitment, constant striving), perfectionism (fear of failure, of being viewed/judged negatively), childhood anxiety, low self-esteem, poor coping skills, and a family history of mental illness (i.e. possibly a genetic basis).

The contextual factors most frequently raised in the stories were parental and societal expectations, inhibited or poor family communications, and the absence or inadequacy of school or organisational supports.

Together these formed a constellation of personal and contextual foundational and precipitating factors, that laid the foundations for the development of angst, despair for some, and mental ill-health for all of the storytellers. These experiences were invariably hard and created uncertainty and increasing confusion and isolation.

Additional variables

This key theme describes the range of factors that had an accelerant or multiplier effect on the foundational and precipitating factors. For example, in nearly half of all the stories, several of the precipitating factors (e.g. childhood anxiety, poor coping skills and family communication difficulties), established the pre-conditions for mental ill-health and were activated or significantly worsened by a traumatic event or series of events. Unchecked bullying at school, online and/or at work, was the most common variable with more than a quarter of all stories referring to it and its impact. Other traumatic events included family separation, family violence, sexual assault, or death of someone close.

Less frequently cited variables included migrant family backgrounds, alcohol and/or other drug use, relationship breakdown and sexuality and/or gender identification. These were each evident in between 10-20 percent of the stories.

The impact of these variables was most often significant in the trajectory of their mental illness.

Transition to recovery

This theme describes the range of elements (behaviours, activities, supports, services) that contributed to young people's commencement of their recovery journey.

While almost every story teller referred to early encounters with healthcare professionals, including school-based counsellors, as ineffective, a number of them recognised at later points, that the barrier to engagement lay with themselves in relation to their willingness to "reach out" for help and not the care giver.

An anchor person – someone who is always there giving unconditional support and/or love – usually a parent (most often a mum), a sibling or a friend and sometimes a healthcare professional, was a very common aspect of transition to recovery. Indeed, the anchor person often played a key role in the young person's engagement in recovery.

The most common turning points were around the beginning of self acceptance and finding a healthcare professional that 'clicked' for them. Occasionally it was relating to what they felt was a rock bottom – suicidal thinking or a suicide attempt, or hospitalisation in an acute care or psychiatric intensive care unit – and the courage to confront their fears.

Recovery and wellbeing

This theme describes the range of elements (behaviours, activities, supports, services) that contributed to sustained recovery and wellbeing outcomes.

Most prominent is the almost universal element – the acceptance of one's self and/or their mental illness.

It includes a suite of self-care behaviours and practices that story tellers find keeps them well and are crucial when they experience a period of mental ill-health. The suites vary but it is never one thing but a combination they have acquired through therapy, self-learning and insight which they find they must adhere to. The most commonly cited are exercising, meditation and mindfulness, socialising (i.e. making a conscious effort and decision to socially connect), learning self-care and enhanced personal effectiveness, followed by maintaining routine, practicing gratitude and a balanced and healthy diet. Less common behaviours and practices are developing knowledge of their illness, modified study pathways or work roles, volunteering (this is in addition to the volunteering for batyr), and creative outlets such as poetry, creative writing and music.

Receiving unconditional love (from at least one other person), an anchor person and access to effective healthcare professionals were also almost universal in all the stories as key elements of attaining and sustaining recovery. Medication was a factor in about half of all stories.

thematic analysis

Table 3 below illustrates these 4 themes and associated key elements.

Table 3 - Being Herd – Themes & Associated Elements of Young People's Lived Experience of Mental ill-health & Recovery

Themes	Personal and Contextual Journeys (non-linear)			
Benefits	**Precipitating Factors**	**Additional Variables**	**Transition to Recovery**	**Recovery & Wellbeing**
	High expectations - general societal, family and self-striving	Experiences of trauma in general and included family violence and sexual assault (high frequency, varied impact)	'Anchor person' who holds fast with unconditional love and/or support	Acceptance of self
	Family history of mental illness	Bullying, discrimination, exclusion and/or isolation (high frequency, varied impact)	Persistent reaching out for professional help. Multiple attempts to find the 'right' support	Anchor person
	Family communication difficulties	Family separation (moderate frequency, major impact)	Finding a 'good fit' therapist/ professional for long enough (often a few)	Quality therapeutic relationship - effective professional care
	Perfectionism - free of failure	Migrant family background (low frequency, major impact)	Reconnecting with others	Social connections - plenty of social scaffolding
	Childhood anxiety - not addressed	Relationship breakdown (low frequency, major impact)	Taking time out for self, and/or slowing up	Unconditional love/support of parent-s/sibling-s/friend-s
	Poor coping skills	Sexual Identity (low frequency, major impact)	Developing a range of self-care practices	Common variable - effective medication
	Low self-esteem	Difficult transitions (moderate frequency, moderate impact)	Stopping or reducing alcohol and other drug consumption/use	Common variable - forming an intimate relationship
	Self-stigma	Alcohol and other drug use/abuse/bingeing (low frequency, major impact)	Supportive school/university/ workplace policies	
			Changes in career, study, friendship groups	

thematic analysis

The Transition to Wellbeing Model

The "Being Herd Transition to Wellbeing" Model illustrates the alignment between the transition from 'languishing' and feeling overwhelmed to commencing a journey of recovery, strengthening recovery and moved to sustaining recovery and wellbeing. The model endeavours to align the themes evident in the experiences of this group of 83 young people. As they move from the turning point, their most intense period of mental ill-health, they incrementally tell a story of strengthening their own personal capacities and broadening and strengthening social connections and supports.

Attaining and sustaining a state of wellbeing requires both dimensions (the X and Y axes of the model).

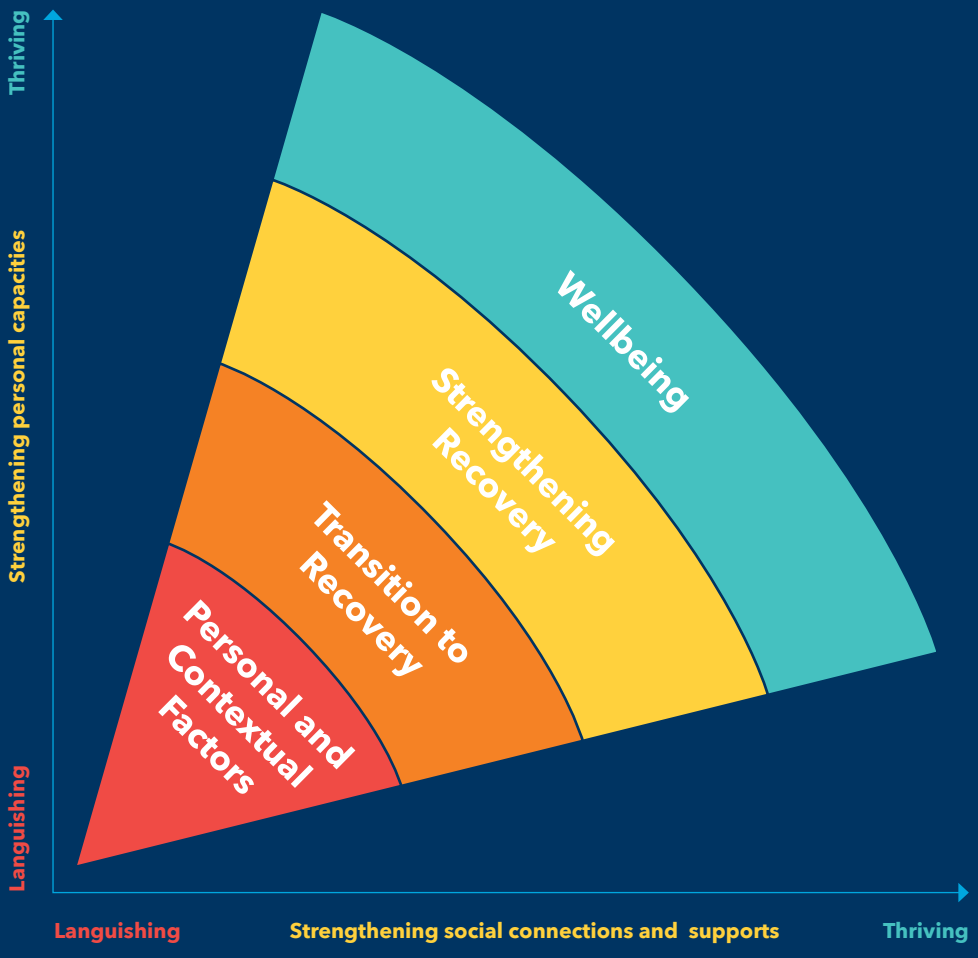
Colour Key & Notes

Red and orange colours depict the themes of personal and contextual foundation and precipitating factors and variables, which often involved: stories of despair; depleted coping strategies; feelings of emptiness; hopelessness; shame and guilt; overwhelming anxiety; difficult transitions; not belonging and social isolation; trauma, suicidal thinking and behaviour.

Amber and green colours depict the transition to and sustained recovery developing insight and positive wellbeing outcomes which were often associated with minimal or no levels of distress, acceptance of one self and respectful and comforting connections with others.

'Languishing' sits at the junction of the axes and 'Thriving' at the end of the X and Y Axis. At the junction of the two axes, Languishing is a dangerous and frightening place for the young people involved in this study.

Model 2 - The Being Herd Transition to Wellbeing Model



thematic analysis

Acknowledgement

Prior to commencing this detailed exploration of these themes and associated elements, it is useful to gain an appreciation of the deeply personal nature of mental ill-health, the despair that young people endured, the impact of these experiences and a yearning for meaningful connections.

The personal nature of mental ill-health

Story Excerpt 1

I felt helpless like a puppet pulled by the strings of mental illness. My life was ablaze all around me and I felt trapped in the centre of it all, in a cage whose steel bars no one else would see, whose shackles ensnared not only my limbs but my mind as well.

Depths of despair

Story Excerpt 1

My connection to the world was being hammered by an invisible blacksmith of doom, each blow a new breakdown, and the sword got thinner and sharper, until I was walking along it like a tightrope. I was hospitalised many times. I was either exhausting myself trying to meet the expectations of the real world, or reverting back to self-destructive patterns which upheld my diagnostic criteria in a perpetual, self-fulfilling prophecy. In 2015, the sword was so strung out it became a tiny thread connecting me to who I really was. And that thread broke.

Experiences of Suicidal Thinking and Behaviour

Story Excerpt 1

In early 2017, I experienced suicidal ideation very intensely for a few months. It was ruminating in my head, and I could not find any space where I felt peaceful. I would call crisis hotlines in times that I really needed to. I remember one particular time, I was very distressed and I rang lifeline, the help on the other end of the line was amazing, she allowed me to talk through what I was feeling, and gave me tips on how to calm myself while talking to her. At this point I had begun to worry for my safety, suicidal ideation was running rampant in my head, so I went to my local hospital's ED.

Yearning for meaningful connection

Story Excerpt 1

I wish that I could have talked to and listened to someone like me now, when I has 14.

Key Themes and Associated Elements

Foundations and precipitating factors contributing to experiences of mental ill-health

This theme relates to the range of experiences that were foundational and precipitating factors that contributed to experiences of adversity and mental ill-health for young people.

It is important to note that all stories included reference to more than one of these factors as experiences that had contributed to their feelings of despair and anguish.

The majority made reference to experiences of a mental illness, with incidences of anxiety/panic attacks/obsessive compulsive being mentioned by over 80 percent of respondents followed by 50 percent of stories describing experiences of depression and a similar number speaking of the deliberating effects of constant rumination and negative thinking. Over 40 percent of the stories included experiences of suicidal ideation and almost one in five included details of actual suicide attempts and a similar number reported non-suicidal acts of self-harm.

Experiences of eating disorders were cited in 20 percent of the stories. Almost one in three of the young people detailed experiences of being hospitalised in the acute care units, psychiatrist emergency care centres or psychiatric intensive care units (the latter under involuntary treatment and a closed unit).

Experiences of the belief and feeling the need to be perfect were identified in more than half of all stories and just under half made reference to deep feelings of shame and guilt about or the unworthiness of their predicament.

There were numerous references made by young people that they believed they needed to be perfect in relation to their academic achievements and/or personal appearance. In some instances, this manifested as striving to be successful in the eyes of others (notably parents and teachers) and motivated by positive results. These feelings of being perfect, were often accompanied by very high expectations of oneself and a terrible sense of dread when these expectations were either not met or there was a concern that they may not be met – the fear of failure and the fear of being viewed negatively by others. These high expectations were generated by the one's own internal dialogue and belief system and/or their parents expressed or perceived expectations of them.

Both the fear of potentially or actually not meeting these expectations and being in their eyes "less than perfect" resulted in feelings of being a failure which then instigated high levels of anxiety and crippling levels of rumination. Subsequent personal interactions and decision making became very difficult and highly stressful. Depression, difficulty sleeping, eating disorders, physical pain and withdrawing from others were often associated with these experiences. Some young people turned to alcohol and other substances and self harm as ways to manage their mental anguish and others withdrew entirely from social interactions. In every story, these strategies perpetuated and compounded their anxiety, and in so doing further exacerbated their level of ill-health.

thematic analysis

The mentioned experiences for some young people were also accompanied by self stigma, guilt, shame and embarrassment about their situation which inhibited their preparedness to "reach out" for support. Some also shared that these negative emotions were even more acutely felt if they came from an affluent background, as they felt that had no right to feel such high levels of despair. For some, these feelings of shame, guilt and unworthiness effectively blocked out the efforts of others to 'reach in' and provide compassion, support, referral or professional care.

The inability to talk to parents about what the young person was experiencing was a factor in a third of all stories. Some of these stories involved parents not accepting the legitimacy of mental illness while others were more a result of historically poor interpersonal communication and conflict resolution within the family.

Other stories recounted experiences relating to a parent's lived experience of mental illness and an unwillingness to share this with friends for fear of their beloved family member being denigrated by others. There were also insights shared where for some young people their parent's mental illness required them to take on caring responsibilities for other family members and the adverse impact of this responsibility upon their own wellbeing.

A few stories identified the unexpected onset of a personal mental illness and the confusion and despair this created and another story described the impact of abandonment upon their future life's experiences.

These descriptions of the foundational and precipitational factors demonstrate an intertwining of personal and environmental factors and experiences and their compounding effect resulting in declining self-esteem and self efficacy, and preparedness to reach out to others for support.

Story Excerpts - direct quotes

The following information provides excerpts from the stories that illustrate this theme and a range of related elements. The length of each excerpt is selected to provide sufficient context.

Story Excerpt 1

I developed an immense fear of failure because failure was a threat to my self-worth. This led to debilitating perfectionism when it came to uni assignments. I never believed that anything I wrote was good enough.

Everything I did was based on performance, rather than for the goal of learning or for joy.

The obsession with my weight, combined with mounting pressure with university and my (elite sport) performance, was becoming too much to handle. I started to engage in destructive behaviours - mainly binge drinking and disordered eating.

The more I tried to control my body, the more I lost control of myself. I was so overwhelmed and in pain. Bulimia was my dirty secret. I somehow managed to keep up appearances and hide my secrets. I didn't consider talking about it with anyone or seeking help. I thought I could work it out on my own.

During the final exam period of my second year of university, I experienced several anxiety attacks. Even looking at a book would make my heart race and be unable to breathe. I had debilitating stomach cramps. I went into the first exam but didn't even read the first page – I just sat there, quietly sobbing and ran out after 30 minutes. I didn't turn up to any of my other exams. I couldn't do it.

Pulling out of my exams felt like the absolute end of the world to me. It was the ultimate failure.

When I was at high school, I strongly believed that depression, anxiety and other mental illnesses didn't exist. I believed these "disorders" were made up by people. I was so very ignorant.

Story Excerpt 2

During year 12, despite having really good grades and a tight circle of friends, I hated myself. My inner critic was its worst, I wasn't good enough to be receiving the grades that I was, I felt like a complete failure, and that I didn't deserve the love from my parents. It was during a time that I started having insomnia, which meant I couldn't sleep, and had my first panic attack. This panic attack felt as if someone was simultaneously choking me and stepping on my chest, I couldn't breathe and I remember sitting very still. I felt as time had stopped…after a while I broke down in tears, and it took a good ten minutes before I could calm down.

At home, my headaches and insomnia were interrupting my concentration and drastically affecting my mood. The GP told me that once again, my physical health was good. He then asked me questions about my mental health, and I felt too embarrassed to tell him that I was struggling with all these negative feelings, thinking that I was being overdramatic, so I told him I was just stressed with school. Perhaps if I had been more honest I would have received the help needed to develop the skills to overcome the anxiety I was experiencing. The rest of the year was hard, but manageable with the support from my parents and friends.

Story Excerpt 3

I never had an issue with being gay; it was always about what other people would think and how that'd impact me. Growing up hearing homophobic things at school and my own family made me frightened about being rejected by family and ridiculed by friends.

With my family, it was even worse. I felt awful about lying to my parents: I was living with my partner and they didn't even know he existed. Although I had support around me, the fact that my parents still didn't know had a negative impact on my headspace.

Recommendations

- **Acceptance and inclusion campaign:** batyr is well placed to work with partners to develop, test and implement a digital social marketing campaign to promote the benefits of self-acceptance, acceptance of one's lived experience of mental ill-health and acceptance of others.
- **Diversifying the Herd:** batyr has an opportunity to reach a broad cross section of young Australians: those in regional, rural and remote Australia, Indigenous young Australians, sexually diverse young people, those from culturally and linguistically diverse backgrounds, and those from communities with few resources, unable to find work or in our expanding youth justice system.
- **Hearing the next Herd:** batyr is well placed to continue to engage future cohorts of young people, capture and analyse their experiences to continue to inform policies, programs and practices in healthcare, education and social care. It is recommended that another qualitative study of 100 young people aged 18-30 years be undertaken in 2024-25.

thematic analysis

Additional variables contributing to experiences of mental ill-health

This theme relates to the range of personal and contextual variables that further contributed to experiences of adversity and mental ill-health for young people.

Just over 25 percent of the stories included experiences of being bullied and approximately 20 percent had experienced a traumatic event. Feelings of 'emptiness/numbness' were specified in four out of ten stories, while 'no joy' and 'not fitting in' and/or a sense of 'not belonging' were cited in more than 30 percent of all stories. Experiences of withdrawing and feeling alone were detailed in around half of all stories.

Almost 30 percent of the young people detailed experiences of stress relating to study and exams. Inadequately developed coping skills – for the 21st century world of a young person – were a feature in most stories. Many also expressed the view that their parents did not accept or understand the challenges they faced and hence were dismissive of their anxieties and fears.

One in five stories included experiences of family breakdown due to parents separating or divorcing. For many young people, divorce created significant disruption to everyday life. Consequences included the tribulations associated with needing to live between both parents' homes, feeling betrayed by the parent whose extramarital affair led to the separation, a mother feeling embarrassed by the relationship breakdown and being unable to discuss the situation with others and forbidding her children to disclose this change in living arrangements and being ostracised and even taunted by fellow school students for being the "child from a broken family".

Nearly 20 percent were the children of migrants and 20 percent also detailed a range of adverse childhood experiences. Just over 30 percent and 40 percent respectively experienced difficulties talking with their parents and a friend/trusted confidant. Alcohol and substance use was mentioned in around 20 percent of the stories and 15 percent made mention of disrupted or poor sleep.

Those stories that outlined experiences of bullying and being excluded revealed a myriad of reasons, including one's sexual identity, learning difficulties, being from a family where the parents have separated, not being a member of the "in group" and not being academically-inclined. The impact of bullying and exclusion was often excruciating loneliness with young people feeling they had no friends with whom to share their thoughts, concerns and everyday experiences. To avoid ongoing exclusion and bullying, many young people further retreated from social contact and in so doing became more socially isolated and more unwell. The detrimental physical impact upon one's wellbeing is also detailed in many stories.

Other stories outlined traumatic relationships including experiences of sexual abuse and significant emotional pain when relationships broke down. Some young people turned to alcohol and or other substance use to ease the emotional pain of what they were experiencing. This substance use further exacerbated the turmoil they were experiencing.

Other stories shared experiences of tragic events such as the murder of a parent, suicide of a sibling and friend, a major accident and or physical illness, including cancer that resulted in significant physical pain and the need for lengthy and intense rehabilitation. These experiences resulted in intense emotional pain and were further compounded by other existing adverse experiences and or facilitated the emergence of additional difficulties.

There were several stories that revolved around children from migrant families who acutely felt they had to succeed because of the sacrifices made by their families to migrate in Australia. For some young people the resulting mental health experiences resulted in significant pressure to maintain exceptionally high standards of academic achievement and excruciating feelings of failure when these standards were not met and/or thoughts of not meeting them were evoked.

For some young people, their families pressured their children to achieve high academic outcomes at the expense of everything else and their ignorance around mental ill-health resulted in them being unable to appropriately support their children when they were struggling.

Some also commented that being from a migrant background resulted in experiences of bullying and exclusion which created high levels of loneliness and distress. These stories reflected a heavy weight of expectation, and a greater lack of understanding or acceptance of mental ill-health by their parents.

Around one in four stories included key transition periods including the commencement of primary school, the changing of schools, commencing high school and first year of university being times that triggered higher levels of anxiety and, for some, episodes of mental ill-health. A small number experienced loss of employment (dismissed or resigned) due to mental ill-health. A small number (14) spoke of unstable accommodation arrangements (couch surfing, leaving home before age 15, moving in and out of parent's home) or becoming unwell whilst travelling.

thematic analysis

Story Excerpts - direct quotes

The following information provides excerpts from the stories that illustrate this theme and a range of related elements. The length of each excerpt is selected to provide sufficient context.

Story Excerpt 1

Two major things happened that really serve as the starting point of my story: my parents divorced when I was very young, and I was bullied in primary school. Neither of these things really bother me anymore, but they have definitely shaped who I am today. I've found relationships of any kind really stressful, and this constant anxiety has meant that I'm prone to panic at the slightest things. I guess you could say my brain sometimes acts like an over-sensitive fire alarm that starts going off when someone's making pancakes. I know rationally that there's no real threat, but my past experiences, especially those two, have made me that much more sensitive, and it can be really frustrating.

Story Excerpt 2

With that the abuse continued to spiral too. My understanding of domestic violence as a teenager were the scary posters you see around but it can certainly look very different. I experienced physical, verbal, emotional and sexual abuse on a very regular basis and I didn't realise how dangerous this relationship really was. I truly felt like I was the only 18 year old experiencing this and no one could possibly understand what was going on. I didn't want to upset my friends and family and admit my situation completely sucked. I couldn't admit to myself how awful things were.

Story Excerpt 3

I felt like life was meaningless and had trouble getting out of bed each morning. No matter what I did I felt as though nothing could get better. It was year 11, and as I began to experiment with alcohol I'd drink further and further to excess each time.

This often made things worse, and more often than not lead to plenty of embarrassing situations that caused me to feel even more uncomfortable with who I was. I felt like life was meaningless and had trouble getting out of bed each morning.

No matter what I did, I felt as though nothing could get better.

Recommendations

- **Multi-year collaborative school program project:** It is imperative that all schools have in place evidence based social and emotional learning programs from K-12. batyr can act as an advocate for this to be the reality for every Australian student.
- **Navigating transitions:** batyr is well placed to develop a program that supports people working with and/or supporting young people at key transition points in their life. The development of this program should be evaluated in a way that will contribute to a best practice evidence base for supporting young people who are navigating transitions.

Transition to Recovery

This key theme relates to the range of experiences, behaviours and activities relevant to a young person's transition to recovery. In this theme, there continues to be a clear depiction of the unique recovery journeys identified in all the young people's stories. These experiences, behaviours and activities include growing personal insight and a growing acceptance of one's self, strengthening connections with a range of others, the provision of and acceptance of unconditional love, one or more suitable healthcare professionals with whom young people felt comfortable and connected, an ability to reach out for and accept help, supportive policies within schools, universities and/or workplaces and a growing range of heath-enhancing behaviours.

The journeys are non-linear, with setbacks, intervention failures and adverse consequences, and for some, periods of believing that 'the problems are solved' and 'normality' has resumed.

The turning points, or the beginning of transition to recovery, that led young people to initiate their recovery journeys were varied and often multi-faceted. These included an acceptance of one's self, a decision that they wanted to change, friends/family/significant other/s being persistent and genuine with their support, encouragement and willingness to have a conversation, a traumatic event and interventions provided by a range of professionals and/or policies and procedures in schools, universities and workplaces that accommodated their circumstances.

The outcomes varied for each young person and inevitably supported and extended the range of strategies being undertaken in their continued recovery journey and a stronger belief that they would improve their mental health and move them from their cycle of struggle (languishing) to 'getting their act together' (thriving). Often the sharing of what was on their mind and concerning them eased the emotional burden that had been plaguing their wellbeing and mental health.

Psychologists were the most frequently cited healthcare professionals. While there were stories of young people needing to change psychologists because of a lack of positive connection, those individuals who found psychologists with whom they "clicked" were very positive about the support they received and the strategies they subsequently developed to facilitate and sustain their recovery. Some young people spoke of the need to "shop around" to find a psychologist who best aligned with personal needs and to definitely not give up if the first experience with a psychologist was not positive. Persistence paid off.

There were also references made to GPs in nearly half of the stories with many playing a key role in a range of ways including diagnosis of one's mental illness, being empathetic and connecting the young person with other avenues for support including psychologists and psychiatrists. Psychiatrists were mentioned in nearly 40 percent of the stories as professionals who played a key role in recovery. Other forms of support included support and/or therapy groups, which were identified in 27 percent of the stories.

Critical to all these interactions were young people feeling comfortable and not judged during their sessions and working together to develop a personalised range of strategies to address and improve their mental health.

thematic analysis

Medication was identified in half of all the stories as a contributing factor to young peoples' recovery journeys, enabling them to think more clearly, to focus better and be less anxious and or depressed. Some stories detailed the need to trial different medications before an effective drug was identified.

There were a host of other wellbeing enablers mentioned in the stories. Those that were most often cited as having a positive impact were exercise (55 percent), meditation and mindfulness (48 percent), regularly socialising with others (47 percent), reading/learning self care and personal effectiveness strategies (47 percent), and in around a quarter of all stories, developing a knowledge of one's illness, establishing a routine, a balanced diet and practicing gratitude and writing in a journal were cited.

Some young people also made reference to their proactive arrangement of a series of conversations with significant others to explain their situation and emotions. One story also detailed the very important role that their pet made in relation to the provision of ongoing and never ending unconditional love.

In relation to support offered by schools, universities and workplaces, these were varied and included access to counsellors, special considerations in relation to exam timetables, location in which exams could be completed, and consideration for assignment extensions. One story depicted experiences of bullying at school and a teacher's intervention which resulted in the bullying behaviour stopping and the young person feeling more comfortable in the school setting.

Some stories also identified actions to reduce and/or cease the use of alcohol and other drugs as being critical to their recovery journey.

Story Excerpts - direct quotes

The following information provides excerpts from the stories that illustrate this theme and a range of related elements. The length of each excerpt is selected to provide sufficient context.

Story Excerpt 1

I had the uncomfortable conversations I'd run away from for fear of being judged or told it was all in my head. I learned that nothing would change unless I had those uncomfortable conversations with the people around me. I started having those conversations with my friends, my partner, and eventually my parents about my mental ill-health. I told my mum about my feelings of guilt, and with tears in her eyes, all she could ask was "Who told you to feel that way?". I realised that I was the one who was telling myself that I wasn't allowed to have anxiety. There was a lot of arguing, misunderstandings, and crying to fight through, but I felt like I was finally able to live authentically. My relationships with the people I love grew, and I was able to move forward.

Story Excerpt 2

On the ride home, my Mum turned to me and expressed her concern, acknowledging how she had seen how my anxiety had interfered with my everyday life. She reached out, put her hand on my shoulder and gave me an embrace. "No matter what it is", she said, "I want you to know that you can talk to us. You are surrounded by so much love, from your parents, your brother and your friends. We all want to help you get better and to see you manage. We love you."

Story Excerpt 3

I was also incredibly lucky that the first psychologist I was referred to was a great fit for me. I felt comfortable with her and the things we talked about and did were really helpful. During our sessions, I realised that I perceived a lot of things in ways that made me feel worse about my situation and myself. So my therapist would work with me to recognise these unhelpful thoughts and change them into more helpful, realistic thoughts. She also taught me about mindfulness, which helped me when I was feeling overwhelmed. I also found it really helpful to write about my thoughts and feelings and to be around people who cared about me when I was feeling down. More than anything, she was someone I could talk to about anything, without fear of being judged. She never told me what I should or shouldn't do and her perspective was always unbiased.

Recommendations

- **Early conversations and empowering 'anchor people':** Providing more training and education opportunities to empower 'anchor people' including parents, siblings, friends, teachers, and sport coaches with the knowledge, skills and confidence to have conversations with young people to help them when they begin to experience mental ill-health or a personal crisis, and to hold-fast in supporting them through tough times.

thematic analysis

Recovery and wellbeing

This category relates to the key fundamental beliefs, relationships and actions that were pivotal to sustained recovery outcomes. These elements include acceptance of one's self, strong connections with family and friends, effective professional support and suitable medication.

The behaviour that was most strongly identified as key to the young persons' transition to recovery was an acceptance of one's self and their mental illness. This experience of self acceptance was specifically identified in all but 2 of the 83 stories. With this came a willingness to reach out for help and/or to accept help from others.

Positive connections were also overwhelmingly important in sustaining recovery outcomes. An 'anchor person', being identified as someone whom could be relied upon to provide unwavering support was identified as critical to recovery outcomes in 90 percent of the stories.

Family members and friends who offered unconditional love and non-judgemental support were identified in 85 per cent of the stories as key individuals who enabled sustained recovery outcomes. Given the level of self-stigma and shame that was detailed in many of the stories in relation to a willingness to reach out and/or accept support, it is important to note that these positive connections were so prevalent in the stories and so pivotal to recovery.

Finding an effective professional/s who offered support was identified in almost all stories (95 per cent) as pivotal to the young people's sustained recovery. The importance of these individuals underlines the need to:

- ensure that young people understand that they have choices when it comes to selecting and 'staying the course' with a therapist
- that not all healthcare professionals are adept at working with young people – hence managing expectations is helpful
- that at different points in one's recovery, different healthcare professionals will be required to continue improving health and wellbeing.

In addition to these fundamental traits, there were numerous references made to individuals' continued pursuit of healthy wellbeing practices that helped them to maintain their wellbeing. Examples of these practices included exercise, meditation, reading, music and time for reflection. Once again, the selected strategies and/or combination of strategies varied for each young person. What was a common feature was the need to have routine and when experiencing a period of ill-health, to vigorously commit to the wellbeing practices.

Finding effective medication was cited in just under half of all stories as a component of recovery. As with finding effective healthcare professionals, experiences of multiple medications were evident.

Story Excerpts - direct quotes

The following information provides excerpts from the stories that illustrate this theme and a range of related elements. The length of each excerpt is selected to provide sufficient context.

Story Excerpt 1

To ensure I keep a balanced lifestyle I manage my mental health by monitoring how I am each day. This can consist of expressing myself through my journal, meditating or listening to uplifting music and inspiring podcasts. I feel I have a deep sense of self and can sense any warning signs of anxiety and depression when they creep up and want to hang out. For me, it's all about understanding who you are and cultivating compassion and kindness for yourself daily.

Story Excerpt 2

My biggest turning point was developing strong and meaningful friendships, and having real best friends for the first time. One friend I met volunteering and we just hit it off. You may know what that's like, but this was a first for me. That has continued to have a tremendous impact on my life. My support network has continued to grow through my involvement in community and volunteering -----. These people are always there for me and push me to achieve my goals.

Story Excerpt 3

In the last five years, with ongoing medical treatment and support, we have found medications that work really well for me, and I've also tried different activities and groups that have taught me more strategies to continue to take charge of my mental health.

Recomendations

- **Healthy HERD behaviours Campaign:** This campaign could include the range of behaviours and actions that the young people shared in relation to their recovery journeys.

acting on the Herd Stories

Based upon the expansive range of issues raised in this cohort of 83 stories of the young people's experiences of various forms of adversity and mental ill-health and recovery journeys, the following actions are recommended. The recommended actions are grouped around the four key themes. It is envisaged that the implementation of these actions happen simultaneously so that there are changes being actioned at broad social (macro), organisational (meso) and individual (micro) levels. Simply put, a combination of 'bottom up' and 'top down' strategies are being recommended.

Addressing foundations and precipitating factors

Recommendation One

Acceptance and inclusion campaign

Social marketing campaigns using digital platforms are now a proven, low cost strategy for influencing social issues and behaviours. batyr is well-placed to work with partners with shared values and goals to develop, test and implement a digital social marketing campaign to promote the benefits of self-acceptance, acceptance of one's lived experience of mental ill-health and acceptance of others. Consideration should also be given to inclusion of this focus within the Amplified Voices/Digital Platform project.

Recommendation Two

Diversifying the Herd

The group of young people who provided their stories for this report represent a sub-group of younger Australians. batyr has an opportunity to reach a broad cross section of young Australians. It is particularly important that young people in regional, rural and remote Australia, Indigenous young Australians, LGBTQIA+ young people, and those from culturally and linguistically diverse backgrounds, have the opportunity to tell their story through the Being Herd program.

Equally important, is the need to reach out and include the stories of young Australians from communities with few resources, from young people unable to find work and living a marginal existence and those caught up in our expanding youth justice system. Multiple layers of marginalisation make engaging and navigating our health and social care systems more challenging for young people.

Recommendations Three

Hearing the next Herd

The young people's stories that were analysed for this report, were born from around 1990 to the early 2000s. In generational terms, some belong to the tail end of Gen Y and others are part of the Millennial Generation. Their experiences are defined by the era – the first in which social media became a prominent, some may argue dominant, communication medium. The next wave of young people, those born since the advent of the smart phone and smart mobile devices, will experience different responses to their social, emotional and developmental needs in their homes, their schools and other settings.

Again, batyr is well placed to continue to engage these young people, capture and analyse their experiences to continue to inform policies, programs and practices in healthcare, education and social care. It is recommended that another qualitative study of 100 young people aged 18-30 years be undertaken in 2024-25.

Addressing additional variables

Recommendation Four

Multi-year collaborative school program project

It is imperative that all schools have in place evidence-based social and emotional learning programs from K-12. batyr can act as an advocate for this to be the reality for every Australian student.

The message from this study is that universities are doing well in providing flexible study pathways, on-campus support services and greater awareness on mental health issues. Regarding schools, the story is more mixed with both examples of proactive school policy and practices and the complete absence of such in relation to bullying, the stress of exams and the development of mental ill-health. There was also minimal evidence in these stories of schools having in place social and emotional learning programs to support the development of personal resilience, coping skills and interpersonal effectiveness.

The global evidence to support this recommendation is robust. This is a major system level challenge. batyr can act as an advocate both alone and in collaboration with partner bodies for this to be the reality for every Australian student.

acting on the Herd Stories

Enhancing the transition to recovery

Recommendation Five

Early conversations and empowering 'anchor people'

Providing more training and education opportunities to empower 'anchor people' in the community. This could include: parents, siblings, friends, teachers, and sport coaches. Providing them with the knowledge, skills and confidence to have conversations with young people to help them when they begin to experience mental ill-health or a personal crisis, and to hold-fast in supporting them through tough times.

Developing the skills, confidence and knowledge to initiate and have these early conversations and to maintain support will encourage young people to share their stories without fear of judgement, shame or rejection and will provide an anchor for young people to hang onto throughout their transition to recovery. The training should include the skills to assist young people in developing an action plan that moves them to a "better place", receive help sooner and restore a sense of hope and confidence in the future. The training should also focus on how anchor people can support themselves through a range of self-care strategies.

batyr is also well-placed to partner with other organisations and provide greater access to readily available and proven training and education programs that facilitate early conversations to support young people experiencing mental ill-health.

Supporting recovery and wellbeing

Recommendation Six

Navigating transitions

This relates primarily to supporting people working with and/or supporting young people at key transition points in their life and the young people themselves to better manage and adjust to major transition points in their early years. These points include changing schools, the transition to university/post schooling and into the increasingly precarious world of work.

Potential solutions could involve online "how to navigate transition" resources for both the young person and those involved with these transition points, incorporating information sessions for all impacted delivered by the batyr speakers.

Consideration could also be given, within batyr's Amplified Voices digital project, to provide opportunities for young people to easily share their thoughts, experiences and concerns with peers and professionals who are dedicated to successfully supporting them through these periods.

The development of this program should be evaluated in a way that will contribute to a best practice evidence base for supporting young people who are navigating transitions.

Recommendation Seven

Healthy HERD behaviours campaign

This campaign could include the range of behaviours and actions that the young people shared in relation to their recovery journeys.

Activities can include: finding and working with a suitable therapist, exercise, diet, meditation, healthy diet, reading, listening to music, better understanding one's experience of mental ill-health, socialising and positive connections. Consideration should also be given to inclusion of this focus within the Amplified Voices/Digital Platform project to enable engagement with a broad cross section of young people.

appendix

The personal nature of mental ill-health

Story Excerpt 1

…. I saw many different professionals who gave me many more diagnoses. Generalised anxiety disorder, chronic stress, adjustment disorder, major depressive disorder, bipolar II affective disorder, borderline traits, chronic fatigue syndrome. Those were the main ones. At that time in my life, those diagnoses were ALSO a set of expectations; a limited choice of particular roles I had to play out, a list of symptoms I was designated to exhibit. So, I became very sick.

Story Excerpt 2

My life was controlled by my eating disorder. Every waking hour was spent obsessing over both food and my weight. I also started binge eating. My unhealthy eating behaviours made me feel anxious and shameful. I lied to my family and friends, and while it felt horrible, I didn't feel like I had a choice. Anorexia would scream at me telling me that I was grotesque and worthless. Each day I would lose more of myself to my eating disorder until I was an empty husk, a mere shell of my true self.

Story Excerpt 3

Mental illness can be hard because it's so intensely personal and it made me feel very alone.

Story Excerpt 4

I deteriorated rapidly – Exercise had become my escape from reality. Now all I had was isolation. Confusion around reality. An immense loneliness. I couldn't turn to anyone. Nobody had survived what I survived. In my head, I was truly alone. I rebelled. Gave up eating food. If you asked me to sit I'd run away and started to distance myself from everyone. Believing that everybody was out to get me, that I dragged everyone down. My bedroom became my existence.

Story Excerpt 5

This situation was not isolated and would occur most nights for the next year of our relationship. I remember thinking to myself "how could someone be so sad, yet not want help from anyone, yet want to still be close to me but push me away at the same time?" It was confusing to say the least and unknowingly took its toll on my mental health.

Story Excerpt 6

Being in the hospital helped me improve, but on discharge, the stressors of life made it difficult. I still felt that darkness that didn't lift and emptiness that couldn't be filled. To me that is depression. My depressed self felt like I deserved what I was going through and I had an overwhelming desire to cause myself pain. I was unable to focus on anything, which was having an impact on my schooling. This was incredibly frustrating for me because I had held onto my academic strength as a good thing about myself. I started to feel like an observer of the world instead of a participant, especially when I started skipping classes to sit and stare into space. My academic standards dropped, and I felt like I was failing.

Story Excerpt 7

All I ever felt was complete numbness. This feeling became me, and I it. Obviously, everyone has a subjective experience of their feelings. For this feeling I feel like I lack the words that will help me to describe it. And maybe numbness isn't even the right word, because numbness implies that I felt nothing, when in fact, I felt everything on such a grand scale. Internally I was in a mosh pit, externally I was a wax statue.

Story Excerpt 8

I was confused at the sudden change in myself and I felt consumed by a numbness that stole the colour from my memories and injected in me this pervasive apathy to life itself. I noticed my concentration and enthusiasm become non-existent, and I became a hollow shell of my previous self. I would go days without speaking to anyone, convinced that my self-enforced isolation was a deserving punishment.

Experiences of Suicidal Thinking and Behaviour

Story Excerpt 1

I pushed on to University, as it was expected of me, not because I wanted to. But feelings of depression toppled upon one another and my running began to fall apart. I was so ashamed that I left home and lived in my car for months. When I did find the strength to make it into class, everything was a blur, and I began to be consumed in my own world of suicidal thoughts.

Story Excerpt 2

With my recent breakup, resigning from studying and leaving my job, I sank into my biggest bout of depression but it wasn't just severe depression this time, it was suicidal ideation too. I felt like I was losing control of everything. I began withdrawing from everything and everyone around me. I felt lifeless and exhausted, like depression was swallowing me.

Story Excerpt 3

Around the end of my schooling, I started to have suicidal thoughts. I truly didn't realise this wasn't a normal thought to be having, I felt so weak and as if a dark cloud was slowly eating me up dragging me down a black hole of nothingness. I had started to plan to end it all.

Story Excerpt 4

Although I couldn't bring myself to call them suicidal thoughts, I soon began to imagine myself drifting away, giving up. I could no longer imagine an immediate future with me in it; the weekend, next month, the winter break, they longer existed. One of those nights I called mum and dad for what I convinced myself was to be the last time. I tried to bring myself to tell them how I truly felt, but I couldn't. I just said goodnight and tried to fall asleep, picturing myself saying goodbye to the whole family, telling them all that it was for the best, that it wasn't worth me being here anymore.

Story Excerpt 5

My heart felt like it was going to burst out of my chest, I couldn't see properly, and I was sweating like I'd just run a marathon. I returned to my college that night in tears and for the first time in my life, thoughts of taking my own life began creeping into my mind. … I couldn't talk, I couldn't think properly, I couldn't read.

Yearning for meaningful connection

Story Excerpt 1

The psychologist I was booked in with at Uni turned out to be the wrong fit for me. She seemed nice but we didn't have the same connection that I did to the counsellor in high school.

appendix

High expectations

Story Excerpt 1

During school and especially HSC, everybody would be stressing and reminding us that the final exams are were the last chance for our future. "You must do well at the HSC if you want to be successful" the teachers used to say. I remember thinking why are people stressing so much? Our life and level of success can't possibly be measured in one exam. And what deems you as successful? Money? Knowledge? Power? I felt really confused.

Story Excerpt 2

I had very particular expectations about my academic achievements coming to uni. Not only did both my degree and scholarship require me to maintain a high average, but I had pushed myself academically throughout high school and I felt the need to somehow keep living up to those standards. What I failed to see however was that those expectations were setting me up for failure. As the semester progressed, my grades got better. But, not once did I derive any sense of achievement, all I felt was fear; fear that I had to keep working as hard as I had been for the next piece of assessment and the next, and the next. And what if I couldn't do it? What if the last effort wasn't enough for next time because the grade I got for that work was just a fluke? Or the tutor was an easy marker? A sense of utter uselessness tainted with a helpless kind of panic would well up inside me as I turned those questions over, and over, and over in my mind. And I still wasn't making any close friends… I certainly didn't have time for going out… and what about all the "good times", where were they?

Perfectionism

Story Excerpt 1

--- as I transitioned from junior to high school, I slowly began to withdraw from any activities that put me in the spotlight… I avoided anything that had the potential to show vulnerabilities or flaws, and expose me to criticism or embarrassment. I dodged extracurricular activities, I faked sickies to get out of school camps, and the older kids intimidated me. Being perfect and liked by all was my biggest priority in high school. And my greatest fear was failure. Pressure to be smart and cool, combined with expectations from my high-achieving parents, contributed to this craving for perfection…. but most of the pressure was actually coming from myself.

Low self-esteem

Story Excerpt 1

I had worked so incredibly hard to get myself to that point, quietly believing that once I achieved the mark I needed to get me into (university course), everything would slowly fall into place. I was so sure that my career path would be set up, that I'd prove myself to the people around me and that my parents would be proud. I would be enough. ----- the only thing I felt was an unshakeable sense of emptiness. I was afraid of disappointing people, so much so that suffering in silence instead seemed easier. I didn't know who I could reach out to, because I didn't know who would believe me, or who would even take me seriously. More than that, I couldn't understand where my own feelings were coming from, to the point that I felt my pain was completely unwarranted. I didn't deserve empathy. Other people had it so much worse off, or so I convinced myself. Who did I think I was, to ask for help?

Story Excerpt 2

I was apprehensive about visiting the psychologist, I knew it was their job to listen, but I was embarrassed about what they were going to think of me, I was concerned they would think I was spoilt, incapable and not the strong independent high achiever I had been my whole life.

Story Excerpt 3

Eventually, my final exams came around, and I experienced the most crippling anxiety attacks. I couldn't make it to any of my exams, instead, my heart pumped ferociously, my body shook, and I cried uncontrollably until I passed out. I was in and out between consciousness for hours until day turned into night. I continued to do this for each exam until the exam period was over and I was left feeling defeated, worthless, and a failure. I ended up failing 3 subjects that semester and I received my first academic caution. I was mortified. I couldn't bare tell my friends due to my embarrassment, and my parents still didn't acknowledge my mental health. I had A LOT of arguments with my family and friends, and those words of negativity spinning through my head seemed so true. This pain of being alone and not being able to talk to anyone was unbearable. It was one of the hardest times of my life. The pain was agonizing and worst of all, all of this felt inevitable. I had no idea when or how it was going to stop - I just felt hopeless.

Self-Stigma - unable to reach out

Story Excerpt 1

--- but because no one ever said anything, it fuelled my thought that I wasn't worthy of help. This is when I turned to self-harm and bad eating behaviours. they were unhealthy habits, but the idea of reaching out for help, and in my mind, looking like I was weak, was worse.

Story Excerpt 2

During year 12, despite having really good grades and a tight circle of friends, I hated myself. My inner critic was its worst, I wasn't good enough to be receiving the grades that I was, I felt like a complete failure, and that I didn't deserve the love from my parents. It was during this time that I started having insomnia, which meant I couldn't sleep, and had my first panic attack. This panic attack felt as if someone was simultaneously choking me and stepping on my chest, I couldn't breathe and I remember sitting very still. I felt as time had stopped…after a while I broke down in tears, and it took a good ten minutes before I could calm down. At home, my headaches and insomnia were interrupting my concentration and drastically affecting my mood. The GP told me that once again, my physical health was good. He then asked me questions about my mental health, and I felt too embarrassed to tell him that I was struggling with all these negative feelings, thinking that I was being overdramatic, so I told him I was just stressed with school. Perhaps if I had been more honest I would have received the help needed to develop the skills to overcome the anxiety I was experiencing. The rest of the year was hard, but manageable with the support from my parents and friends.

Story Excerpt 3

I felt as though my life was perfect, and I didn't have the right

appendix

to be feeling this way, because I had it OK. My upbringing and living situation were fine, I felt that compared to others I had nothing in life to feel sad about. I felt like my brain and my body were two different life forms. I wasn't able to understand that the way I was feeling wasn't my fault, nor was it wrong.

Story Excerpt 4

Struggling with my mental health whilst trying to do school was difficult, as I expended so much energy on trying to keep up my façade of 'everything is fine'.

Story Excerpt 5

I wish I could say I reached out for support from my friends, but I didn't have any. My friends did not abandon me – I instead pushed them away out of shame. Every time someone asked me about what I was going through, why I was shutting myself out, I would silence them. I would shut them down and cut ties. I thought everyone was deserting me, when really, I was the one pushing them away when I needed support the most.

Early and Middle Childhood anxiety

Story Excerpt 1

My childhood was anything other than a perfect upbringing. As he was required to travel for work my Dad wasn't around much for his family, and when he was around he would drink to the point of becoming verbally and sometimes physically abusive towards myself, and the rest of my family. I remember each time my dad would leave for a work trip he would always say to me 'when I'm not here you're the man of the house. That means you have to look after your mum and your siblings'. At the time I didn't think much of this conversation, however it was this repeated interaction that set in my mind what it means to be a man. I had to be strong, tough, and not show any emotion. In the future, this mindset would be seriously detrimental to my health. This all continued until mum finally had enough and decided to get a divorce. I was around 10 years old. I continued my day-to-day life as a quiet, reserved, and shy person. I thought that speaking up about how I was feeling would show weakness and would make me 'less of a man', so I kept all of my thoughts and feelings bottled up inside me, oblivious to how much harm that was causing me.

Story Excerpt 2

I had always been a happy kid, but often anxious…. stuff like staying at other people's places – but it wasn't a concern – it was just normal kid worries. When I entered high school, my anxiety increased a little and my mood began to become less positive.

Story Excerpt 3

In amongst these images of childhood, though, my earliest memories were also of schoolyard bullying. I think I was targeted from a very young age for being different. And as I naturally found an escape, a refuge, and a safe place amongst my books, and the characters and images that populated those books, the bullying during later primary and early high school years became worse. The bullying made me feel confused; I wasn't sure why I was targeted, except to think that it was because I was different in being bookish, hating sports, being too slight and skinny to defend myself. It made me feel like I was less-than, not worth much, an aberration, wrong in some way; it made me feel sad, distressed, and I developed a shy personality.

Story Excerpt 4

While going through high school I was always socially anxious. I had mates, but I never truly believed that they thought of me as their mate too. I thought they pitied me, or felt sorry for me and that was the reason they even spoke to me. I was always terrified that I would somehow say something or do something to offend them and that it was only a matter of time before they realised that I wasn't worthy to be their mate and I would be cast aside.

Story Excerpt 5

Throughout my childhood thoughts of my self worth crowded my mind, I thought that a girl like me did not belong in a world like this. I felt as if my self worth was graded by what others thought of me and images in the media. My negative thoughts; worthless, fat, ugly and simply not good enough, lead me down a dangerous path that started at age 12 of self-harm, suicidal ideation and disordered eating. At about 15 years old I begun to realise my eating patterns weren't at all healthy, Food became my enemy and my biggest fear but then turned into my medicine during recovery.

Family History of Mental Illness

Story Excerpt 1

That's when I saw my father stop dead in his tracks. He wouldn't move! "C'mon, Dad - I want to go get my Christmas present! Why are you just standing there?" He wouldn't move, he was frozen in place, and I couldn't understand why. After a while he turned to us and insisted we go home, that he couldn't cope with the crowd. We went back home. I had no idea what was going on. It wouldn't be until years later that I did know – my Dad had a panic attack; I was just too young to realise.

Story Excerpt 2

By the time high school rolled around, I'd long forgotten about that experience. I hadn't spoken to anyone about the anxiety I'd been struggling with since primary school. Nobody in my life talked about mental health when I was growing up. That's why it took me a long time to acknowledge that what I was going through was a mental health condition, because I had nothing to compare it to.

Story Excerpt 3

He was diagnosed with depression, bipolar disorder and schizophrenia shortly after divorcing my mum, largely due to the massive shake-up of his entire world. Dad's mental health medication made him very sleepy, and most of the time that my sister and I were at his house he would be in bed so we would have to entertain ourselves. Sometimes it was frustrating not to be able to go on adventures. ---- That was my first experience of living with someone who had mental ill-health. It was lonely not having anyone to talk about it with because I was worried my friends would judge me or my dad. I didn't want anyone to think poorly of him because he was a top human.

Story Excerpt 4

It was also around this time where Mum began telling me about Dad's struggles being addicted to coffee, alcohol and sex, basically the best things in life. I had no idea this was happening behind

appendix

the scenes, we were just told that Dad had some "problems with his head" and didn't ask questions. I felt like this extra weight had been put on me, everything became grey and it felt like there was nothing I could do to make it better. I didn't understand, all I knew I had to look after mum, and make sure Dad was ok. But they didn't realise how it had impacted me, they just assumed I was just being a moody teenager. I really struggled with the thought that if my Dad lied to my mum for 20 years, what hope did I have in this world?

Family Communication Difficulties

Story Excerpt 1

I never had an issue with being gay; it was always about what other people would think and how that'd impact me. Growing up hearing homophobic things at school and my own family made me frightened about being rejected by family and ridiculed by friends. With my family, it was even worse. I felt awful about lying to my parents: I was living with my partner and they didn't even know he existed. Although I had support around me, the fact that my parents still didn't know had a negative impact on my head space.

Story Excerpt 2

I developed an eating disorder known as bulimia at the age of 13. My mom was diagnosed with cancer - we were living in South Africa at the time, but my mom had to move to Australia to get treated properly. I grew up in the kind of family where everything was brushed under the carpet. I never learned to talk about things or deal with difficult feelings, so when my mom was diagnosed I had no idea how to cope. I felt like everything was spinning out of control and I needed something to hold on to.

Conclusion

These excerpts illustrate the diverse experiences and depth of emotion that have been categorised as the foundational and precipitating factors that were described in the young people's stories. Although some experiences were not frequently recorded in the young people's stories, such as family separation the impact of this experience as depicted in the stories was profound.

Experiences of trauma and abuse (ongoing)

Story Excerpt 1

With that the abuse continued to spiral too. My understanding of domestic violence as a teenager were the scary posters you see around but it can certainly look very different. I experienced physical, verbal, emotional and sexual abuse on a very regular basis and I didn't realise how dangerous this relationship really was. I truly felt like I was the only 18 year old experiencing this and no one could possibly understand what was going on. I didn't want to upset my friends and family and admit my situation completely sucked. I couldn't admit to myself how awful things were.

Story Excerpt 2

When I was 18, I moved out of my parents' house from XXX to YYY for university and this was the beginning of my downward spiral. My first experience with sexual assault was on a train. It took me exactly 4 stops to get over the shock and forcefully move my body away. At the time, I was angry at myself for letting it happen. Through therapy, I was able to learn that I wasn't to blame and that something like that is never my fault …. I went online and in my desperate attempt to reach out and connect with someone, I ended up meeting the man who raped me. --- I felt like I lost a part of myself and the anniversary of the event was difficult to go through each year. But instead of dealing with the aftermath, I layered on another personality to keep myself from falling apart while pushing myself to move forward.

Traumatic event / chronic illness

Story Excerpt 1

A few years after high school, I was involved in a pretty major car accident, which I came out of with a hip injury. After the accident, I started having flashbacks. I'd lay in bed, waiting for sleep, and it felt like the bed was spinning, just how it felt in the accident. And when I did get to sleep, I had so many nightmares. I was diagnosed with Post Traumatic Stress Disorder. --- Nearly two years after the accident, I got surgery on that hip injury, which was unsuccessful, leading to chronic pain. I guess being told of that outcome made my brain relive the trauma of the accident all over again, and I started getting panic attacks when I was in the car.

Story Excerpt 2

At the time, I believed that managing my mental health was a responsibility that fell on my shoulders and mine alone. It was the only way I felt, to prevent my loved ones from experiencing even more heartache and worry about my health. But by keeping my anxiety to myself, I began to become distant from my friends and family. I was bottling up so much anxiety inside that I no longer had the energy, physically or mentally, to spend time with them as much as I used to. Because I was bottling up my emotions, I became angry and irritated very easily, and would regularly lash out at my parents and brother. The challenge of managing an increased workload while managing ongoing treatment for my cancer diagnosis made the rollercoaster of anxiety take a new turn, into a place of constant stress as well.

Story Excerpt 3

I was an average bubbly and energetic little girl, who played in the dirt and ran amuck like any other child would do. Not long after, my mother and I were informed by doctors that I have an autoimmune disease that causes your hair to fall out called Alopecia. Hearing this at a young age you don't realises what it all means and how much your life will change. …. This change started to show during middle school, I found it hard to concentrate and function overall because I was always tired. I was diagnosed with dyslexia in primary school which made me feel really different. I was bullied because of this which caused me to fall into depression and I started to develop anxiety. Before I knew what this was, I had a range of symptoms.

Bullying

Story Excerpt 1

I would over analyse every situation from many angles and continuously blamed myself if anything went wrong. It's not as if it was intentional bullying or name calling. However it was the subtle whispers, giggles and eye balling which had me on edge, feeling less of myself. The exclusivity, the label of the popular group, so you could call it, was all that anyone cared about.

appendix

Story Excerpt 2

As a young child I had a lot of learning difficulties, I would get teased about how I spoke and how I couldn't read. Through this harmless teasing I fell into the trap of believing everything that people would say about me and had started believing that I was never going to achieve anything in life.

Story Excerpt 3

My journey with mental ill-health began at a pretty early age. I went to a fairly small primary school where most of my classmates were kids I had already met in kindergarten and unfortunately had been bullied by. Not all of them were bad but I often felt excluded because even the kids who may not have picked on me directly were still allowing their friends to do it. My only good friends were a group of girls in the grade above me, so when they left to go to high school I entered Grade 6 feeling really alone.

Story Excerpt 4

It all started when I was fourteen years old. I had a friendship with a girl who experienced emotional abuse at home. Around this time, she began to start taking out what was happening at home onto me. She would call me names and put me down out of her own insecurities. I began to feel incredibly anxious and unsafe around this friend. I wanted to escape from this friendship but felt I had nowhere to turn too as she was very close to the family. Although I come from a supportive family, my emotions were unknowingly dismissed which made me feel guilt and shame, like I was a burden and stupid for having this problem and I felt I had nowhere to turn too.

Family separation

Story Excerpt 1

Two major things happened that really serve as the starting point of my story: my parents divorced when I was very young, and I was bullied in primary school. Neither of these things really bother me anymore, but they have definitely shaped who I am today. I've found relationships of any kind really stressful, and this constant anxiety has meant that I'm prone to panic at the slightest things. I guess you could say my brain sometimes acts like an over-sensitive fire alarm that starts going off when someone's making pancakes. I know rationally that there's no real threat, but my past experiences, especially those two, have made me that much more sensitive, and it can be really frustrating.

Story Excerpt 2

When I was 5 my parents divorced, they weren't very compatible. So my sister and I went to live with my mum in another suburb about an hour away. We moved schools and didn't see dad very much. That made us sad, and we felt different to our friends, and the families we saw on TV. I was even bullied in grade 4 about being a child of a divorce. It stressed me out having a double life. Packing and unpacking every second weekend to visit my dad who moved even further out west. I cried a lot at school due to the stress of my constantly changing environment. Mum asked what was wrong one day and I told her that I missed dad and I hated the time apart from him.

Story Excerpt 3

I sum up my experience with my parents separating as a rapid emotional and physical change. I took this burden, this heartbreak for the struggles my family were going through and hid the turmoil of it somewhere other than school. At a young age, an emerging teenager, I didn't fully understand how important it was to speak up about how you are feeling. So instead my insecurities festered.

Story Excerpt 4

At the age of 9 my parents separated, and with that my father, whom I adored more than life, went into a depressive spiral where he lost himself and unintentionally took my childhood with him. Feelings of hatred, despair, betrayal, and hopelessness that were not my own plagued me, and when he left the country to find himself, I became unable to separate those emotions from my own. That's when I started hearing them: The voices. Sometimes it would be a long-lost friend who would keep me company in my otherwise self-imposed isolation from the world; other times, a much wiser guide who would show me how to numb the pain. They taught me how to separate and fragment my emotions so that the ire, the despair, the panic would not consume me… But by the end of it I also lost my own sense of self. By the time I started year 6 I could barely recognise who I was: it felt as if I was playing a twisted version of Russian Roulette every morning, whereby it would either be me that I woke up, or something much, much sinister that I was powerless to repel. These voices, whilst they were helpful at the start, they also led me to very dangerous paths, which eventually made my early high school years be plagued by experiences of sexual assault, self-harm, substance intake and abuse, and suicide.

Family violence

Story Excerpt 1

I was 14 when I first experienced domestic violence and the cycle of abuse and sexual assault continued into my 20s.

Story Excerpt 2

Growing up, my home environment wasn't very stable, but the early memories with my family were good ones. So, the sudden escalation in violence and anger in my home made me confused and terrified. I began to feel lonely and unloved, and despite my best efforts to maintain a loud and bubbly personality, I was plagued with suicidal thoughts and deeprooted unhappiness that I couldn't escape from. I was broken on the inside and the loud and bubbly girl faced the world because I couldn't; she was the personality I wore like an accessory.

appendix

Relationship break down

Story Excerpt 1

When I was 16, I started realising that the way I was feeling wasn't the way I used to feel. I had just gone through a break up from a long relationship so I was convinced that my feelings were just because of the emotional struggle to get over the relationship. The feelings went on for over a year and I started realising that they weren't related to the break up. I struggled to find enjoyment in life. The things I had previously found fun, like hanging out with friends, were not fun anymore.

Story Excerpt 2

When I was twenty-one, I fell in love with wrong person. It was short, and intense, but the aftermath of the break up haunts me to this day. My ex it turned out, had blood lust. I realized this when I found myself the victim of an intense, and utterly humiliating cyber bullying campaign. My full name, and personal photographs sourced from my social media profiles were leaked online without my consent.

Alcohol and other drugs

Story Excerpt 1

I felt like life was meaningless and had trouble getting out of bed each morning. No matter what I did I felt as though nothing could get better. It was year 11, and as I began to experiment with alcohol I'd drink further and further to excess each time. This often made things worse, and more often than not lead to plenty of embarrassing situations that caused me to feel even more uncomfortable with who I was. I felt like life was meaningless and had trouble getting out of bed each morning. No matter what I did I felt as though nothing could get better.

Story Excerpt 2

One morning, we woke up and she said to me she wanted me to move out. I was so sad. I couldn't even muster a smile or a laugh. I felt an emptiness that I thought wasn't going to go away anytime soon. I had a lot of regret. I started to drink alcohol heavily, sponge cigarettes off of people when I was drunk and would sit on my bed crying every night.

Story Excerpt 3

So, much like my father, I turned to alcohol and drugs as a method of coping with my feelings. Months of drinking to excess and taking drugs began to weigh on me, and one day I just decided to stop. I didn't want to be like my dad, and I promised myself in that moment that I never would be.

Sexuality identity and related experiences of bullying

Story Excerpt 1

My high school years wore down my mental health over time. I didn't even realise I was gay until I was 15, though hiding this revelation made no difference to those who assumed it anyway. My experience of being gay at a catholic college, was as if me liking the same sex meant I was a bug that had to be squashed. The physical and verbal bullying from other students made me feel so isolated and alone, and I began to believe that I was as worthless and disgusting as people called me. I sought help from the school counsellors for anxiety attacks, night terrors, and extremely low self-esteem, but ultimately it was little consolation as the teaching staff wouldn't recognise why I was being tormented. I felt emotional all the time, panicked at even the smallest issues, and experienced cold sweats and hyperventilation in certain situations or around particular people. Keeping up with school work was incredibly difficult for me; although I got good grades, my teachers all commented on my lateness, forgetfulness, and high levels of distraction.

Story Excerpt 2

The next time I was challenged with feelings of depression and anxiety was in high school around my sexuality. My whole school of 1800 students found out one morning when I was in year 8 that I was gay. And that led to four years of verbal, physical and emotional bullying. These instances of bullying were small enough that the bully didn't get into trouble, but big enough to eat at me every day. I felt miserable, helpless, and alone.

Story Excerpt 3

Throughout my teens, I also realized that I was gay. I was told that being gay was unnatural and disgusting, and as a result, I felt that no one would accept me. I tried to suppress the feelings I had and I also tried to convince myself that it was just a phase. During this time, I was also outed as a gay person. I was shocked and horrified, one of my biggest and private secrets had been made public. I felt exposed and helpless. I wanted to disappear.

Migrant background

Story Excerpt 1

The stereotype of Asians being super academic rang very true in my case. --- I started feeling like my achievements were something that should be hidden away and I was worrying about how to walk the tightrope of being "smart enough" while still being accepted my peers. --- I was terrified of being myself because no matter what I did, I'd be picked apart by others. Already insecure from my experiences, I ended up in an unhealthy relationship. I was naive since he was my first "actual" boyfriend, and when I would try and fight back against his emotional, physical, and sexual abuse, I found myself making excuses for him and thinking "but I should be grateful he even wants me".

Story Excerpt 2

For me, being a child of immigrant parents, I understood just how much my parents sacrificed for me and my sister by moving to Australia. So, to hear those questions come out of my mum's mouth, I felt very burdened. I felt burdened by the fact that I made her feel confused and disappointed, because as her daughter, I feel like I owe my entire life to her. So after a couple of days, I returned to school, hoping that she could see that I was getting physically and mentally better. We ignored the panic attack, hoping it would go away naturally.

appendix

Story Excerpt 3

My parents worked really hard in Australia to provide for me and my sister so that we could get a good education. When I finished primary school, my parents wanted me to go to a selective high school because they thought it would guarantee that I would get into a good course at Uni and go on to have a stable job. I think that me doing well in school was proof for them that they had made the right decision in coming to Australia to try to give my sister and I a better life. Studying didn't come naturally to me and I had to work hard. Even though I was probably doing alright, being in a selective school meant that I never quite felt good enough compared to everyone else.

Story Excerpt 4

Reflecting on my life at that point, the thoughts and feelings of guilt set in. My parents did not escape from Cambodia for their daughter to be such a disappointment. My parents didn't start a new life here, in a "safe place", for their daughter to be raped. And I also realised I didn't know the right way to communicate what I had inside. For my parents and many like them, after resettling in a western country they needed to sweep their trauma under the rug in order to establish themselves in a new land. There was no time to process what they've been through, so more than just a lack of vocabulary, the concept of mental ill-health isn't something that exists for them. Especially in the way that I was experiencing it – I never had to go through what they did so what right do I have to feel the way I do?

Difficult Transitions

Story Excerpt 1

Starting university, I made the choice to get professional help for the first time through the university counsellor. This decision could not have come at a better time, as I was dealing with the battles of getting used to Uni, side effects of a medication for my acne as well as the stress of being in a new major relationship.

Story Excerpt 2

Moving from Africa (where more people looked like me and larger body types were celebrated) to Australia, I desperately wanted to fit in at my school, I started to notice what made me different. I felt like who I was, and how I looked, was unacceptable. …. A couple of years later my family moved to Singapore, and this change made things even worse. At one point I passed out in the shower and I nearly drowned and my parents set me up to see another psychologist.

Story Excerpt 3

With my recent breakup, resigning from studying and leaving my job, I sank into my biggest bout of depression but it wasn't just severe depression this time, it was suicidal ideation too. I felt like I was losing control of everything. I began withdrawing from everything and everyone around me. I felt lifeless and exhausted, like depression was swallowing me.

Conclusion

These excerpts illustrate the diverse range of experiences that exacerbated underlying factors and contexts and further contributed to the feelings of despair, isolation and confusion expressed by the storytellers and the trajectory to mental illness.

Turning Points - Accepting self

Story Excerpt 1

--- my turning point didn't come until I went on a meditation retreat recommended by my aunt. In desperation, I talked to the monk leading the retreat and he told me to do something unthinkable - to smile at my feelings and accept what I was feeling. I thought for him to suggest this, he mustn't be able to understand how unbearable these feelings were and how much I wanted them to go away. But because I had no choice, I fought against my instinct to keep pushing my fear away. That day, I heard a voice inside me - it sounded like the kindest and warmest version of myself. I heard myself say that no matter what my grades were, I was a worthy person. That I was good enough just as I am. That I didn't have to even try to do or be anything and I would still be okay.

Turning points – An anchor person and the unconditional love and support offered by family and / or friends

Story Excerpt 1

One of the most important moments for me was when I reached out to my family and friends. I was provided with unconditional love and support, and although not everyone exactly understood what I was going through it still meant a lot to me that they tried.

Story Excerpt 2

Within my small army of support - my mum proved to be my biggest cheerleader. I remember before my mid-semester exam, I broke down and called my mum. On the phone, my mum told me that she was extremely proud of me for trying and that my mental health and happiness was more important to her than a grade. Instantly I felt this weight lift off my shoulders and I knew regardless of what happened next, my parents would support me through anything.

Story Excerpt 3

That teacher became one of the most important people in my life that day. I spoke with my teacher every day and told him how I was doing. I came back a better player firstly, but most importantly I felt like I had purpose.

Story Excerpt 4

Through the support of my family and friends I was guided to go to a GP and get a mental health plan with the knowledge I could go see a psychologist to get some professional help.--- , I could speak to a select few friends about the experience and they were supportive and I never felt belittled or ridiculed. They would say things like " Good on you mate" and this reassured me that I made the right decision to open up. It was a very eye opening experience and gave me hope that what I was doing for myself is very important.

Story Excerpt 5

He prompted the conversation between us with two simple but direct questions: What's going on --? Are you okay? These questions stopped me in my tracks. I didn't have the courage to respond at first so he encouraged me to step off the footpath to avoid the wave of fellow school kids trying to beat the rush home. I took a deep breath before telling him that I wasn't okay. I described

appendix

how I had been experiencing constant anxiety, and was worried about how it would impact my plans to graduate and go to Uni, on top of the impact it was already having on my relationships with my friends and family. After listening to all I had to say, my best friend responded with the kindness and comfort he was known for: "We're a team, X, whether on the field or off. You've got us boys here to support you every step of the way. We've got your back" I broke down in tears right in front of him, relieved that I was finally able to speak openly and honestly to someone I trusted about how I was coping. This was the first of many conversations I had which helped me manage my anxiety a little better.

Story Excerpt 6

It was a challenge to describe depression to my parents, and I was met with remarks such as, "You shouldn't feel that way" or "You just need to change the way you think." However, I still felt compelled to reach out. I sat down one night and wrote out a letter explaining everything that I had been going through and gave it to my brother. I wasn't sure what I wanted out of giving it to him, but it was the first bridge I had built between myself, my family, and my mental health. For a while, it felt like a weight had been lifted. I was relieved to be able to reach out to him as I felt like I couldn't reach out to my parents. I had somebody to talk to when he was at home, and he would check in on me while he was away at school. The connection strengthened my will to keep fighting, and for the first time, I felt like I wasn't alone.

Persistence and Finding a 'Good Fit' for Professional Support

Story Excerpt 1

Eventually I hit a point where I was barely sleeping at all, the panic attacks were continuing through the night, and this really forced me to do what I was very determined not to do - talk to someone about it again. I saw a GP, and he gave me medication and sleeping pills to take, but I think just talking to someone honestly for the first time in years was the most help at that point. I had a lot of shame about what I was going through - I felt like I didn't have a valid reason to be suffering so much - my life on the outside wouldn't have seemed that bad. I blamed myself for not being able to recover when panic disorder was supposedly treatable. But this was definitely a turning point for the better. I got a mental health care plan and saw another psychologist, which was great to keep talking to someone but I didn't find much clarification at that time.

Story Excerpt 2

I saw a few different psychologists until I found one that fit. My new psych was like a breath of fresh air. --- I've had a few friends ask me how you know when a psych "works", and honestly it's just a matter of compatibility.

Story Excerpt 3

I have seen many health professionals, but my second case manager --- is one of the most positive things I gained from my time using services. I spent a long time seeing her and I honestly credit her with so much of my recovery. It wasn't because she had years of experience or was super well trained, it was that she took the time and went out of her way to get to know me.

Story Excerpt 4

I was also incredibly lucky that the first psychologist I was referred to was a great fit for me. I felt comfortable with her and the things we talked about and did were really helpful. During our sessions, I realised that I perceived a lot of things in ways that made me feel worse about my situation and myself. So my therapist would work with me to recognise these unhelpful thoughts and change them into more helpful, realistic thoughts. She also taught me about mindfulness, which helped me when I was feeling overwhelmed. I also found it really helpful to write about my thoughts and feelings and to be around people who cared about me when I was feeling down. More than anything, she was someone I could talk to about anything, without fear of being judged. She never told me what I should or shouldn't do and her perspective was always unbiased.

Story Excerpt 5

Following the first session however I realized that talking to people and helping them was their profession, that they didn't think any less of me, and in fact there were just pleased to be able to try and help. Within about 10 visits I was diagnosed with post-traumatic stress disorder (more commonly referred to as PTSD) and we worked away at teaching me how to cope, it was a lengthy process but finally I had addressed the mental side of the accident - and my journey to a complete recovery could begin.

Story Excerpt 6

I went and saw my GP and he diagnosed me with depression and anxiety, then referred me to a really good psychologist ---. It was such an easy process. They put me on what's called a mental healthcare plan. I see (my psychologist) every fortnight, she is incredible, and I love going to my sessions to work on my mind. Funnily enough, she has gone well out of her way to accommodate me as she now starts work early so she can help me!

Taking Time for Self

Story Excerpt 1

We worked out a long term plan on how to deal with my anxiety and depression. This included things like switching off from work by using meditation, spending time with my friends, reflection on how far I have come and my favourite thing, strength training. I love hitting the gym, focusing on getting strong, releasing all the feel good endorphins and having banter with people on the gym floor.

Story Excerpt 2

I can still struggle from time to time with relationships and managing my mental health; however, I'm so much better at giving myself the right things to grow from these struggles, much like I'm trying to give my plants the right things to stay healthy. Let's hope it keeps on growing.

Developing a range of self-care strategies and practices

Story Excerpt 1

At this present moment I am still battling with depression and anxiety. I have continued seeing a counsellor and tapping into different new strategies that will help me, such as exercising,

appendix

meditating, and other self-care activities. I also try to keep note of my thought pattern and transform a negative thought into a positive one. I have also worked up the courage to talk about my experiences.

Story Excerpt 2

I have learned some helpful ways to deal with my mood swings, anxiety and thoughts better, such as writing down how I feel, exercising and creating art. I try to set one small goal a day to complete so I can feel a sense of purpose within myself. Compared to early high school, I have many more friends and have lots of healthy relationships. …

Reconnecting with others

Story Excerpt 1

I have come to understand that the struggles I have faced have shaped me into a kind, empathetic, patient and passionate person, and I love myself for experiencing these adversities. They have lead me to develop a passion for mental health, an area where I see a long and rewarding career helping others to seek support and learn to love themselves. I have learned the value of a good support network, of the ability to allow ourselves to be vulnerable with family and friends. I have also experienced the difficulty of asking for help, and the importance of being able to ask a friend "are you ok?"

Story Excerpt 2

Soon afterward I found myself again at the bottom of The Pit. Unlike the previous occasions where I had found myself at the bottom of The Pit this time was different. This time I was determined to help myself get better, and I had people in my life who could help me do so. It was the thought of these people that caused me to push forward. Tooth and nail I fought to climb out of that pit, knowing that I had people around me who would catch me if I stumbled. When I finally reached the top, I began to reflect on how much I had grown since my time at the bottom of The Pit. I felt so empowered and proud, but I knew there was something else I had to do. Stopping or reducing alcohol and/or drug use.

Story Excerpt 3

The facilitator of the program told me about a group called alcoholics anonymous, AA for short. I thought it would be a good idea because alcohol was a big part of my life, and giving it up seemed impossible to me. My first meeting was terrifying!! My mum drove me into town and said she would wait in the car for however long it took, she told me it was going to be okay, and she would be here for me no matter what. (bless her heart!). That first meeting changed my life.

Story Excerpt 4

When I was finally discharged, I felt like I had done everything to get me on the right track. I moved back in with my parents, continued to see a psychiatrist and also attended an outpatients program. I was told by my psychiatrist that I needed to stop drinking. Alcohol was a trigger for me and it set off the voices and hallucinations. I thought it would be impossible - but I'm happy to say that I haven't had a drink in 4 years.

University, school, and/or workplace support and policies

Story Excerpt 1

Starting university, I made the choice to get professional help for the first time through the university counsellor. This decision could not have come at a better time, as I was dealing with the battles of getting used to Uni, side effects of a medication for my acne as well as the stress of being in a new major relationship. I was able to talk to the counsellor about my life, how I was struggling, and she helped me understand that the trauma I had gone through was no less valid than any other person. I had begun to learn that the abuse I faced did not mark me as a person and that I was not to blame for those times.

Story Excerpt 2

I also signed myself up with the Disability Unit on campus. This unit helped me with extensions, special exam conditions and gave me access to private study spaces around campus.

Story Excerpt 3

Once I started attending mainstream school regularly again I had the decision to do my last year of school (year 12) over a 2-year period with a program known as pathways. It meant my subjects for the last exams of school would be spread over 2 years rather than 1. It was a really good way to achieve my last year of schooling and do my exams in that way.

Changing career, study or friendship groups

Story Excerpt 1

I decided that Uni was too much for me and deferred my course. This allowed me to recover without the stress of assignments, tutorials and hours spent at the library studying.

Story Excerpt 2

Out of hospital, I went back to Uni feeling more hopeful than I had in years, and I used university disability services to get extensions for assessments, to make up for the days when I was exhausted from trying my best to battle the monsters in my head.

Conclusion

While no two stories are alike there are numerous references to similar experiences and activities across all the stories that facilitated young people's transition to recovery.

appendix

Accepting of oneself and one's experience of mental ill-health

Story Excerpt 1

Being open and accepting of my own mental health has helped me strive for greatness.

Story Excerpt 2

Today, my diagnosis is one of my favourite things about me. I am not worrying, I am caring. I am not too emotional; I am empathetic and vulnerable. I do not need to be perfect; I can continually grow and work on myself. I am important, and I am worthy.

Story Excerpt 3

With every visit and every phone call, the blindfold of mental illness was lifting, I slowly realised that I was loved and that I would be missed if I was gone. I still hold an immense love and gratitude for the people who held hope for me when I lost sight of it myself.

Story Excerpt 4

Over the past few years I've been on a journey to learn to live with my mental health. Learning to balance my work, social life and time to myself has played a big role in me remaining present. Instead of trying to fight against my illnesses, I started focusing on acknowledging my feelings and accepting their presence. I've taken on the mentality that life is a work in progress and so is my mental health.

Anchor persons

Story Excerpt 1

I really do have a lot to be thankful for. My life has been blessed. I have younger siblings who are ready to step up and play the older brother and friends who will do anything needed to help me no matter how hard it is for them.

Story Excerpt 2

I sat down and had lunch with the friend who saved my life this weekend and told him about coming here to have a talk today. The insights he had into how I was going at that time were frightening. I literally wouldn't be here without him and he doesn't think a thing about it. His response is always "you would do the same for me".

Story Excerpt 3

… my mum is also one of the most important people I have talked to about my anxiety, essentially because she is my mum and she knows everything. But she also knows me, and really knew the right things to say and guide me in the right direction.

Quality Therapeutic Relationships

Story Excerpt 1

My GP was integral in encouraging me to try anti-depressants, putting me on a mental health plan to see a psychologist, and checking up with me regularly to see how I was travelling.

Story Excerpt 2

I began to see a psychologist and a psychiatrist every week. The team that I now see are wonderful - they are incredibly kind, helpful and always try to understand exactly what is going on for me. The type of treatment that I'm doing involves doing a type of Cognitive Behavioural Therapy called Exposure and Response Prevention and trying to find medications which work for me. I need that at this point in my life but I think it is quite ok if I need them forever but also okay if I don't.

Story Excerpt 3

I find schema therapy helps me by letting me understand more of why and how I may feel and behave a certain way about things, and by helping replace my negative behaviours with more positive and healthy behaviours. I find that schema is hard, and raw and emotional, but I find it's also beneficial if I want to get on top of the Borderline, and be able to keep doing the things I love, without having emotional setbacks that can lead to an abyss of dark and stormy moods and self-doubt and dislike that I can't pull myself out of.

Social Connections

Story Excerpt 1

It was, and still to this day, incredible how much just having a conversation with someone can make a huge change in my mind-frame. I had talked to my support network of family and friends, which was really great, but talking to a professional really elevated it from living with it to kicking it in the butt and actually doing something about it. I am forever grateful to my counsellor, whom I saw for a year until she thought I was ready to take on the big wide world without her guidance.

Story Excerpt 2

Amongst all this, though, I did have my friends. And one of my best friends saw what was going on for me, and provided me a level of support that saved my life. She saw my life for what it could be, for what it is now. She rallied my friends around me. My brother became a beacon of support too. They were there for me through and through, steadfast in their loyalty, in their constant presence, checking-in, and attempts to reverse the negative script running through my mind as best they could. My friend linked me in with an EMDR Clinical Psychologist, who I still see today.

Story Excerpt 3

My biggest turning point was developing strong and meaningful friendships, and having real best friends for the first time. One friend I met volunteering and we just hit it off. You may know what that's like, but this was a first for me. That has continued to have a tremendous impact on my life. My support network has continued to grow through my involvement in community and volunteering -----. These people are always there for me and push me to achieve my goals.

Story Excerpt 4

What I have found to be really valuable in improving my mental health has been social connectedness and feeling part of a community. Being part of a sporting team or group, doing a jigsaw puzzle with a friend, even just going for regular walks and seeing the same people time and time again helped me feel a bit better.

appendix

Unconditional love and support

Story Excerpt 1

My support network is acutely aware of my mental health, and value and treasure the honesty by which I speak about it, as well as my undying resolve to always be better than the day before. I know now that I can be vulnerable in front of people who love me; and that by opening up and talking about what I've gone through I can help others reach out and get help.

Story Excerpt 2

The thought of telling my brothers about my anxiety was terrifying but they both took it in their stride, asked me what they can do to help me, and are my biggest support today. Following me telling them this, one of my brothers let loose about his struggling relationship and what I have found to be a constant theme is that vulnerability breeds vulnerability - it may be hard being the first one to open up, but it has been very rewarding for me. Now that my family and friends are aware of my struggles, they are able to understand my behaviour better and ask me how I'm doing or what I'm thinking about if they notice a change in my behaviour.

Effective medication

Story Excerpt 1

In the last five years, with ongoing medical treatment and support, we have found medications that work really well for me, and I've also tried different activities and groups that have taught me more strategies to continue to take charge of my mental health. --- And I take my medication religiously.

Story Excerpt 2

With them I started taking medication, which did take a while to get the right balance for me. I was persistent though, and I was honest in explaining the side effects to my psychiatrist. Eventually we did end up finding the right balance for me. Since then, I've noticed such an improvement in my mood, the way I think, my sleep patterns and my life joy since finding this balance.

Actively maintaining a healthy lifestyle

Story Excerpt 1

Even though I had some tough times over the past few years, it doesn't mean life stopped. I've finished one of my degrees, I was able to go to Germany through Uni, got a great job and made some amazing new friends. I'm now much more aware of my own feelings, especially when I'm by myself, and I make sure that I look after myself when I need to, which might be by talking to my friends, reading, getting out into nature, or just taking some time to reflect on what I'm feeling and why.

Story Excerpt 2

I am now armed with something I lacked earlier; passion, persistence and clear goal. I realised that recovery is not something that was passively done to me, it's something I needed to have an active role in.

Story Excerpt 3

To ensure I keep a balanced lifestyle I manage my mental health by monitoring how I am each day. This can consist of expressing myself through my journal, meditating or listening to uplifting music and inspiring podcasts. I feel I have a deep sense of self and can sense any warning signs of anxiety and depression when they creep up and want to hang out. For me, it's all about understanding who you are and cultivating compassion and kindness for yourself daily.

Story Excerpt 4

Making sure I get my self-care when I need it is incredibly important, which for me is going to the beach, baking, going to the gym or just saying no to socialising sometimes to have some down time. I've also found that my diet and exercise habits impact massively on my mental health, and maintaining a healthy routine keeps me grounded.

Story Excerpt 5

The boy I mentioned at the very start of my story is now my boyfriend of 5 years - turns out he didn't care what my body looked like or how anxious my brain can get. I'm still working on my anxiety every day, knowing a problem shared is a problem halved.

Story Excerpt 6

When I feel too awful in my head to take care of myself, that's when the patience and kindness of my boyfriend and friends help to keep me afloat. On good days, I can even be proud of myself and acknowledge how far I have come.

Conclusion

This section illustrates that critical to young people's sustained recovery and wellbeing was acceptance of oneself, strong connections with family and friends, effective professional support and suitable medication.