Case Study

aspire, Young Person

*Confidentiality statement - name of client has been altered (pseudonym has been used) and any other unique identifying factors to ensure the material stays confidential.*

Aleena is a 20-year-old young woman from Pakistani heritage, who was referred to aspire after a short stay at a psychiatric inpatient hospital. She was admitted after taking an overdose which resulted in Aleena hearing voices when in hospital and developing bizarre beliefs.

She started on anti-psychotic medication and was then discharged for follow up care from Intensive Support Service (ISS) and aspire, Leeds Early Intervention in Psychosis Service where she was allocated a care coordinator. The care coordinator was a young woman to support with engagement.

Aleena was a social work student on placement before she went into hospital. She had a negative experience whilst on placement which contributed to her mental health distress, therefore she decided to take a step back from the course. Initially, intervention was tailored towards Aleena developing a therapeutic relationship, safety planning, relapse prevention planning and understanding her interests. Aleena highlighted that she was quite creative and enjoyed painting and drawing. Her care coordinator asked Aleena how she would like to create her safety and care plans, allowing Aleena the chance to take ownership over her recovery. Aleena wanted to be creative in her recovery, so rather than Aleena’s safety plan, relapse prevention plan and care plan being completed on a document and posted out to her, Aleena developed her own documents. She used flip chart paper, colourful pens/pencils to create different boxes where she would write helpful tips and explore her understanding of her mental health difficulties and how they developed. The care coordinator recorded all this information to ensure correct documentation had been completed and service needs were met.

Soon after Aleena’s plans had been developed the care coordinator advocated for her antipsychotic medication to be reduced and stopped. Her medication was started too quickly in hospital and for a young woman, what she experienced was not a full threshold psychotic episode.

Aleena required support with her finances as she was no longer a student and was not in receipt of student benefits, so she was unable to pay her rent or household bills. Aleena, with her care coordinator researched on a computer one off payments for support from certain charities. Aleena wrote the application herself with minimal support from her care coordinator.

Aleena was soon introduced to the group programme and the recovery workers within the team to support her with her recovery goals; to improve her confidence and self-esteem. She was feeling rather anxious and unsure about leaving the house by herself, so the recovery worker attended a seven- week ‘Confidence and Self-Esteem’ course at The Recovery College with her. Aleena then had the confidence and motivation to independently engage in the Wellness Recovery Action Planning (WRAP) course through The Recovery College. After this, Aleena mentioned finding both courses really beneficial for her wellbeing and has developed a supportive network of friends.

Aleena joined in the group programme at aspire, which is for all ages 14-65. Aleena was supported to get a bus pass and since then she has been able to regularly attend the group programme during the week to develop a weekly routine that is meaningful to her. As Aleena regularly attended the group programme her confidence continued to grow, and she became a role model for others who had started their recovery journey. They often shared experiences to normalise what they were going through and to overcome stigma. Aleena developed friendships of a similar age and set up a WhatsApp group chat for them to continue to meet up outside of aspire groups. She also helped facilitate a group about celebrating Eid and brought in henna.

Aleena met with a registrar psychiatrist for EMDR therapy. They practised some grounding exercises, such as safe place and square breathing. They looked at processing memories related to her hospital admission (hearing the nurses talk about her), processing earlier childhood memories such as, her mum not believing she was depressed as a teenager. Aleena felt able to speak to her mum about this memory afterwards. During care coordination sessions, her family were always welcome to join, and she was aware of this. However, they were happy to be kept separate and for Aleena to update them. It felt appropriate to give her this autonomy and independence to guide her communication with her family.

Aleena was successful in securing employment as an administrator. She said she was keen to get experience to build up her CV and have a regular income. One of Aleena’s goals is to return to education in the next year to consider further studies within mental health. Aleena reflected that her involvement in the group programme was a helpful steppingstone to developing confidence in herself, building up a weekly routine and exploring her interests.