Hearing Voices Groups and their impact: The experiences of young people and group facilitators

Camilla Giachero

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ABSTRACT

Hearing voices is a common but varied experience in young people, with some requiring further support due to high levels of distress. There is a paucity of direct research with young voice-hearers, available findings indicating that support is experienced as inadequate. Hearing Voices Groups (HVGs) are peer support groups open to all understandings of voice-hearing, with research into adult groups suggesting a range of benefits. HVGs specifically for young people (aged 16-25) are scarce; this explorative study aims to enhance the knowledge base of the impact of HVGs on young voice-hearers. Four young people and six group facilitators were interviewed about the perceived helpfulness of these groups.

Reflexive Thematic Analysis from a critical realist perspective was used and three themes, each with their own subthemes, were generated:

- ‘Power of sharing between peers’ (‘counteracts isolation and stigma’, ‘making sense of experiences’, ‘sharing of coping strategies’),
- ‘HVGs in the context of other support (‘HVGs as an alternative to mainstream support’, ‘HVGs as an option of support’),
- ‘Accessibility of HVGs’ (‘barriers to engagement’, ‘HVGs can be excluding’).

The findings suggest that HVGs can be helpful and can have a transformative impact on some young people. Young people’s stage of life is well aligned with the flexibility of HVGs but poses a challenge to their sustainability. Ultimately, young voice-hearers value being listened to and given agency in their care. Whilst HVGs should be made more available to young people, barriers to their accessibility exist and wider systemic changes are needed to better support young voice-hearers.

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LIST OF ABBREVIATIONS

CAMHS = Child and Adolescent Mental Health Service

CBT = Cognitive Behavioural Therapy

CYP = Children and young people

GF = Group facilitator participants

HVG(s) = Hearing Voices Group(s)

HVM / HVN = Hearing Voices Movement / Hearing Voices Network

NHS = National Health Service

NICE = National Institute for Health and Care Excellence

TA = Thematic analysis

YP = Young people

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1. INTRODUCTION

1.1. Chapter Overview

This study aims to explore Hearing Voices Groups (HVGs) for young people (YP) and their potential impact. For this purpose, it is necessary to introduce large areas of theory and research. The first part of this chapter sets the context relevant to this study: the background of voice-hearing in children and young people (CYP), peer support for CYP and the Hearing Voices Movement (HVM) will be discussed. Next, two literature reviews are presented: key papers on adult HVGs and peer support groups for CYP will be evaluated. Lastly, based on identified gaps in the literature, the rationale of the study and the research questions are outlined.

1.2. Voice-Hearing in CYP

1.2.1. Key Terminology

Definitions of CYP vary and are time- and context-dependent (YouGov, 2018). Common distinctions define children as people aged 0-18, adolescents as those undergoing puberty up to age 18, and young adults as people aged 18-25 (United Nations, n.d.). Adolescence is conceptualised as a transitional period involving several biopsychosocial changes, from puberty to identity development (Yurgelun-Todd, 2007). Social relationships become pertinent, with CYP not wanting to feel different from their peers. Their understanding of the world changes, with CYP experimenting with independence. Increasingly there is an understanding that this self-exploration and brain development is not unique to those aged under 18 but continues into young adulthood (Arnett, 2000).

In this thesis, when discussing research studies, age ranges will be made explicit wherever possible and the acronym CYP will be used as an umbrella term to include typically those aged 10-25. This study focuses on YP, defined here as 16-to-25-year-olds, which is in line with HVGs often using this age range (Voice Collective, n.d.) and the NHS Long Term Plan (2019) calling for CYP's services to be extended to young adults.

In this thesis, the terms voice-hearing and hearing voices describe experiences of hearing voice(s) and/or other sound(s) that others cannot hear (Hearing Voices Network [HVN], 2012). In addition, hearing voices will be used "as an imperfect umbrella term to include different experiences, e.g., seeing things that others don't, or experiencing beliefs that others find unusual" (Mind in Camden, n.d., para. 5). This conceptualisation has been corroborated in research with CYP that suggests voice-hearing encapsulates diverse multisensory experiences (Parry et al., 2020) and unusual beliefs (Coughlan et al., 2022). People who identify as having these experiences are referred to as voice-hearers. This terminology can be traced back to the emergence of the HVM in the 1980s (Woods, 2013), as outlined in detail in section 1.4. In contrast, the often critiqued but dominant medical framework utilises language such as auditory hallucinations to describe hearing voices and delusions to describe unusual beliefs (American Psychiatric Association, 2013). It is argued that these experiences are pathologised as they are deemed to be symptoms of a mental illness, meaning hearing voices is most often associated with psychiatric constructs such as schizophrenia and psychosis (Hoffmann, 2011). Other terms used, sometimes interchangeably, to describe voice-hearing include psychotic-like experiences, unusual experiences, and multisensory experiences. This research aims to take a non-medicalised approach to voice-hearing; however, as large parts of the available literature are rooted in the medical model, terminology associated with this model will be used when discussing previous research.

Voice-hearing in CYP is a widely researched area, with much of the available knowledge embedded in a medical framework (Maijer et al., 2019). For instance, adolescence has long been conceptualised as a critical period of what is proposed as the prodromal phase of schizophrenia, i.e., where one presents with sub-clinical symptoms (Olsen & Rosenbaum, 2006). Nonetheless, there is a paucity of research that directly involves young voice-hearers, meaning their perspectives are largely obscured.

1.2.2. Hearing Voices Prevalence

As in other fields, prevalence studies of voice-hearing in CYP are severely limited by varying definitions and assessment tools (Garralda, 2016).

Studies in the general adult population have helped to conceptualise hearing voices as existing on a continuum, rather than being indicative of mental illness, highlighting that hearing voices can be considered a common human experience that is not necessarily distressing (Linscott & van Os, 2013; van Os et al., 2009). A median 13.2% of the general population have been found to experience voice-hearing (Beavan et al., 2011), which is significantly higher than the prevalence of 0.32% for schizophrenia reported by the World Health Organization (2022). A similar continuum is thought to exist in CYP, whereby voice-hearing is a common experience (Fisher et al., 2013). Barragan et al.'s (2011) cross-sectional study of an adolescent community sample (aged 13-17) found that hearing voices was reported ‘at least sometimes’ by 34.7% of participants. An extreme of this continuum represents CYP who are distressed by their voices and meet clinical thresholds (Jardri et al., 2014); separate studies looking at open referrals to CAMHS have found up to 60% of CYP report distressing unusual experiences (Gin et al., 2018; Jolley et al., 2018).

Findings also point to a higher prevalence of hearing voices in CYP than in adults and elders (Maijer et al., 2018), suggesting that hearing voices may be a transient experience of typical development (Bartels-Velthuis et al., 2010). Kelleher et al.'s (2012) systematic review reported median prevalence of psychotic symptoms of 17% in 9-12-year-olds which declined to 7.5% in 13-18-year-olds. This finding has, however, been disputed by other reviews that showed similar prevalence rates in children and adolescents, 12.7% and 12.4% respectively (Maijer et al., 2018).

Whilst it is understood that voice-hearing in CYP is not always distressing and may be a transient experience, findings suggest that it can be indicative of developing mental health difficulties. Factors that tend to be associated with more distressing voice-hearing in CYP include: impaired global functioning (Kelleher et al., 2015), more multimorbidity (Maijer et al., 2017), higher rates of trauma and adverse life events (Abajobir et al., 2017), and cognitive biases such as jumping to conclusions and impaired mentalising (Noone et al., 2015). Studies indicate that voice-hearing that persists from childhood, or that starts in adolescence and young adulthood, is associated with greater distress and functional impairments that are linked to suicidality and diagnosable mental health problems (Downs et al., 2013; Fisher et al., 2013; Kelleher et al., 2015; Poulton et al., 2000; Schimmelmann et al., 2015). This is mirrored in UK mental health services whereby Early Intervention Services (EIS) are commissioned to work with people aged 14 and older who present with, or are deemed at risk of, a first episode of psychosis (Royal College of Psychiatrists, 2021).

1.2.3. Phenomenology of Voice-Hearing in CYP

Emerging phenomenological research which aims to counteract the lack of direct research with CYP shows that voice-hearing is a complex, rich and diverse experience that appears to have multiple forms and functions (Parry & Varese, 2020). The characteristics of voices in YP appear to be varied, mirroring studies with adult populations (McCarthy-Jones et al., 2015; Woods et al., 2015), spanning a range of content, frequency and loudness (Coughlan et al., 2022; Maijer et al., 2017). Voices that are experienced positively by CYP appear to have more human-like qualities, whereas negative voices have more ghost-like qualities, with many CYP experiencing both pleasant and distressing voices (Parry & Varese, 2020).

Unsurprisingly, given their stage of development, CYP have been found to engage in extensive meaning-making of voice-hearing experiences, that is how they make sense of their voices (Cadario et al., 2012). This has been described by CYP as a confusing process that significantly impacts their identity and view of the world (Bampton, 2012), with many CYP seemingly holding multiple, sometimes competing, frames of reference to understand their voice-hearing (Coughlan et al., 2022).

Overall, it appears that appraisals and beliefs around voice-hearing cause more distress than the experience of hearing voices itself, in line with the cognitive model of voice-hearing that has been proposed in adults (Birchwood et al., 2004; Birchwood & Chadwick, 1997; Hayward et al., 2008; Sorrell et al., 2010; Vaughan & Fowler, 2004). Across several studies with CYP (Bampton, 2012; Cavelti et al., 2019, 2020; Maijer et al., 2017; Parry & Varese, 2020; Rammou et al., 2022), negative and distressing voices have been described as commanding, threatening and intrusive, and as being experienced as malevolent and omnipotent. This suggests that CYP experience a lack of control over their distressing voices, which results in a power imbalance. Thus, the relationship to one's voices is pertinent: CYP engage with positive voices, rather than resist them, viewing them as reciprocal relationships (Rammou et al., 2022). Furthermore, CYP who are able to formulate and contextualise their voices, for instance by linking them to difficult life experiences or emotional states, appear to have less voice-related distress, as this gives them a sense of agency (Parry et al., 2020; Parry & Varese, 2020).

CYP appear to often make sense of their voices in the context of isolation and loneliness (Parry et al., 2020). The ways in which CYP (aged 14-19) related to their voices were found to be associated with the way they related to others: greater dependence on voices was linked with greater self-reported isolation and disconnectedness (Rammou et al., 2022). Positive voices have been found to bring feelings of companionship (Parry & Varese, 2020); however, this is a complicated picture, as CYP also described voices as challenging social situations and relationships because of the perceived difference compared to peers and the impairing impact on their ability to concentrate, which increases their isolation and dependence on the voices (Parry et al., 2020).

CYP's meaning-making of their voices also appears to be heavily underpinned by systemic influences and sociocultural understandings of voices (Parry et al., 2020). CYP are found to be cognisant of the stigma associated with voice-hearing and to internalise negative messages they receive from peers, family, and wider society (Mayer et al., 2022). For instance, negative parental responses and worries about peers and services perceiving them as abnormal are found to increase voice-related distress (Escher et al., 2002). As a result, CYP refrain from talking about their voices to others and even from seeking support (Parry et al., 2020).

1.2.4. Support Available to Young Voice-Hearers

There is a paucity of literature on interventions to support CYP who are distressed by their voices; an overarching critique concerns the reliance on adult studies (Maijer et al., 2019).

1.2.4.1. NICE guidance:

Mental health provision in the NHS follows NICE guidelines. The available NICE guidance that is relevant to young voice-hearers is heavily medicalised; it conceptualises voice-hearing as psychosis and schizophrenia, and states that treatments on offer will enable CYP to “live with the condition” (NICE, 2016, p.5). NICE (2016) recommendations for CYP with a first episode of psychosis are anti-psychotic medication and psychological support, both CBT and family intervention. CYP who do not meet the threshold for psychotic disorders should not be prescribed anti-psychotic medication but offered CBT and any other evidence-based treatments for additional mental health difficulties they may be presenting with. Other factors considered important when working with CYP with distressing voices include the importance of supportive and non-judgemental therapeutic relationships, care provision “in an atmosphere of hope and optimism” (NICE, 2016, p.7), and access to peer support and support groups, including signposting to community and third-sector organisations.

1.2.4.2. Research on available support:

The reality is that mental health professionals appear to see medication as the first line of treatment for CYP who hear voices and psychological support as a secondary option (Byrne et al., 2020). Clinicians have been found to lack awareness and confidence in supporting people who hear voices (Pierre, 2010), particularly CYP (Garralda, 2015; Hayes et al., 2014), with not all CYP having access to specialised EIS support (Gin et al., 2018). Research suggests longer durations of untreated psychosis are associated with worse outcomes, which is likely to heighten anxiety and cause clinicians to diagnose and start treating first episodes of psychosis promptly with medication (Byrne et al., 2020; Kvig et al., 2019). However, not all distressing voice-hearing in CYP warrants medication use (Garralda, 2015; Maijer et al., 2017, 2019). Indeed, the evidence for the use of anti-psychotics for CYP is mixed (Francey et al., 2020; Krause et al., 2018; Stafford et al., 2015), and CYP, carers and clinicians have worries about their safety (Byrne et al., 2020).

Research into psychological approaches for young voice-hearers is limited, resulting in therapeutic interventions on offer typically being reliant on adult studies (Jardri et al., 2014; Stafford et al., 2015; Tiffin & Welsh, 2013). Current research is being done on the use of CBT for psychosis with young voice-hearers (Hayward et al., 2022; Maijer et al., 2020; Müller et al., 2020). Interest is growing in relation-based therapies, given the findings that voice-related distress is associated with CYP's beliefs about and relationship to their voices (Maijer et al., 2019; Parry et al., 2020; Rammou et al., 2022). Similarly, research on family interventions based on young voice-hearers and their families is lacking (Mayer et al., 2022). As CYP's voice-related distress has been found to be impacted by negative familial responses, improving support available to parents and evaluating family interventions are important areas for the field to prioritise (Parry et al., 2020).

1.2.4.3. YP's perspectives:

Kapur et al. (2014) investigated young voice-hearers' (aged 11-18) and their parents/carers' experiences of CAMHS, finding many had negative experiences. They described failing to gain an understanding of voice-hearing experiences and being predominantly given developmentally inappropriate information. The main explanatory model provided was illness-based, which not all CYP found helpful, as it increased internalised stigma and failed to account for social difficulties. YP and parents/carers argue for more normalising, destigmatising, and accessible support around voice-hearing (Kapur et al., 2014; Maijer et al., 2020; Parry & Varese, 2021), for instance by raising awareness in schools to promote early intervention (Jolley et al., 2018). Many CYP report feeling lonely and 'crazy' and lacking access to spaces where they can be open and vulnerable about their voice-hearing (Kapur et al., 2014). The experience of hearing voices can feel isolating in itself, as it is not happening in other people's realities (Sheaves et al., 2021). Group-based and peer-led support has been identified as having the potential of supporting CYP to connect with similar others (Kapur et al., 2014; Mayer et al., 2022; Newton et al., 2007). CYP and parents/carers wish for more holistic support with peer work seen as a powerful add-on to care packages that span psychiatry, psychology, and education (Kapur et al., 2014; Parry & Varese, 2021).

Young voice-hearers and their parents/carers also described feeling lost and having to battle services to get help (Kapur et al., 2014). In addition, CYP themselves may be reluctant to access the available, albeit flawed, support due to stigma around voice-hearing, for instance feelings of shame may stop CYP from opening up about their experiences (Mayer et al., 2022). Many CYP have been found not to share their experiences of voices with parents/carers (Parry et al., 2020), a worrying finding given that many CYP rely on parents/carers to access support (Cadario et al., 2012). Another barrier to seeking support are CYP's worries about services' responses to disclosures of voice-hearing, such as imposed medication (Kapur et al., 2014; Parry et al., 2020).

1.2.5. Limitations within the Field

As Maijer et al.'s (2019) review on hallucinations in CYP concluded, the field suffers from a lacking consensus on definitions of key terms and concepts, impacting the ability to compare studies and come to more definite conclusions. Overlapping and differing use of terminology mirrors the existence of differing frameworks and conceptualisations in the field to the point where stances are sometimes incompatible, for instance between authors who align with the medicalised view of voice-hearing and those who do not. A reliance on adult studies across the field is likely to overlook important and nuanced differences between CYP and adults (Maijer et al., 2019). When research does focus on CYP, age ranges in studies span from approximately 10 to 25, again jeopardising comparability as there will be considerable differences between younger children and young adults.

Voice-hearers can be viewed as a disenfranchised group of people who face stigma and discrimination, which understandably impacts their relationship to both help-seeking and engagement in research (Wallcraft, 2013). Indeed, the reality suggests that voice-hearers are often excluded from research and knowledge production (Pagdon & Jones, 2022). The intersection of being a CYP and a voice-hearer likely aggravates research engagement. CYP often rely on their parents/carers to access research opportunities (Parry & Varese, 2020), with those under 16 requiring parental consent to engage in any type of research (Finkelhor et al., 2016). However, as already mentioned, CYP often do not disclose their voice-hearing experiences to others, family included. As a result, their views are rarely represented. Research prioritising CYP's views and wishes is, however, starting to happen. For instance, the

Uniting Senses and Experiences Network, a partnership between CYP and researchers, aims to improve support for young voice-hearers.

Consistent with trends across mental health research (Henrich et al., 2010; Masuda et al., 2020), studies with young voice-hearers tend to include predominantly White participants. Therefore, Whiteness is likely centred in the existing knowledge around voice-hearing. Considering that meaning-making relates to familial, cultural, spiritual and religious aspects of individuals' identities, and that meaning-making appears to be an important process for young voice-hearers, this limited understanding of multiple perspectives is problematic. Mirza et al.'s (2019) study with young South Asians (aged 16-20) with psychosis found that they reported more mental health stigma, whereas White British participants reported greater engagement with mental health services. It is particularly important to change mental health services in order to improve access for racialised CYP given the recurrent findings that racialised adults in the UK have poorer mental health outcomes (McManus et al., 2016), including Black adults being four times more likely to be sectioned under the Mental Health Act (NHS Digital, 2022).

1.3. Peer Support for CYP

There is no universal definition of peer support; it exists across different contexts, from education to healthcare to employment. In this study, the focus is on peer support for CYP in relation to mental distress and mental health services. A seminal paper in the field defined peer support as offering and receiving help between people with similar or shared experiences, based "on key principles of respect, shared responsibility, and mutual agreement of what is helpful" (Mead et al., 2001, p.135). Valuing lived experience of mental distress is core to peer support which aims to counteract power imbalances which are often entrenched in services, where professionals are positioned as the sole experts (Mead & Filson, 2017). In recent decades, peer support has been an expanding field in mental health with an increased awareness of the positive impact it can have on people's wellbeing and recovery (Gillard, 2019). This is mirrored in the NHS with the introduction of peer workers across mental health teams and the inclusion of Experts by Experience in all aspects of service provision (NHS England, 2019). Peer support is believed to have the potential to meet the increasing mental health needs in CYP in the context of under-resourced and stretched services (Richard et al., 2022).

1.3.1. Types of Peer Support

The available literature highlights that mental health peer support for CYP is heterogeneous (Richard et al., 2022). It includes informal peer support gained via friends or acquaintances online, as well as more formal peer support accessed through organisations, for instance by engaging with a peer support worker or participating in peer support groups co-facilitated to varying degrees by trained adults (NHS England, n.d.).

Formal peer support for CYP will usually be offered by someone who is older than most CYP, particularly for those aged under 18, but who still is of a similar age group and/or has similar lived experience of distress (Gopalan et al., 2017). A review into youth peer support worker roles conducted by de Beer et al. (2022) found that they have varying functions and a wide reaching impact, including building engagement, providing psychosocial support and taking an advocate role for CYP. The literature suggests that peer support usually represents one aspect of a comprehensive care plan alongside interventions by, for instance, psychiatrists and psychologists (Ali et al., 2015).

Given the Government's commitment regarding mental health support in education (Department for Education, 2022), school-based peer support is increasingly offered to CYP (Coleman et al., 2017). Another area of potential is online-based peer support. CYP are regular users of the internet (Office for National Statistics [ONS], 2021a) and online-based support could facilitate help-seeking and accessibility, compared to traditional clinic-based services (Wetterlin et al., 2014). The COVID-19 pandemic saw an exponential availability of online support (Fortuna et al., 2022). Ali et al.'s (2015) systematic review concluded there is some evidence for online peer support improving CYP’s mental health.

1.3.2. Benefits of Peer Support for CYP

Whilst there is limited research into mental health peer support for CYP, initial findings are beginning to uncover why and how peer support has positive effects on CYP's mental health (Halsall et al., 2022; Richard et al., 2022).

Peer relationships are particularly pertinent for CYP, as adolescence is a key developmental period in which CYP become less connected to their family and more involved with their peers (Roach, 2018). CYP have been found to be more likely to talk to their peers and friends about their difficulties, including when struggling with their mental health (Reavley et al., 2011). At the same time, CYP experience pressure to belong and worry about being different from their peers (Allen & Kern, 2017). Hence the importance of nurturing connections among peers, as positive peer relationships are known to be a protective factor for anxiety and depression, as they support wellbeing, self-esteem and hope (Roach, 2018).

An extensive body of literature has shown that a mental health label can have a profound impact on one's sense of self (Corrigan, 2000; Thornicroft et al., 2022). As CYP are in the midst of identity development, they are particularly prone to internalise stigma associated with mental health difficulties and view themselves as abnormal, highlighting differences between them and others (de Beer et al., 2022). According to the Social Identity Theory, people's sense of self is defined according to group membership and individuals' association with that group (Hogg, 2016; Tajfel, 1974). By engaging in peer support, CYP have the experience of belonging to a group because of a shared experience that in most other circumstances makes them feel different. This positively impacts their identity by reducing distress associated with stigma and increases self-acceptance (Mulfinger et al., 2018). Witnessing another young person with similar experiences, who potentially is further down the line in their recovery, talking about their experiences can provide CYP with positive role models and instil hope in the context of wider narratives around mental distress usually being negative (Halsall et al., 2022).

Being alongside peers, whether in a peer support group or in individual settings with a peer worker, has been found to increase self-efficacy and improve CYP's coping skills and ability to speak about their mental distress (Halsall et al., 2022). For instance, CYP may be motivated to try new coping strategies after hearing another

CYP's positive experience with these (Halsall et al., 2021). Also, CYP often feel they are the first and only ones going through a particular experience; peer support can counter this feeling, providing them with opportunities to connect with similar others. This can have wider positive effects by giving CYP the confidence to re-engage in activities and socialising, reducing isolation (de Beer et al., 2022).

It has been hypothesised that peer support has the potential to help overcome barriers to help-seeking, which can delay getting the appropriate support and exacerbate difficulties (Richard et al., 2022). These well-documented barriers include disclosure to parents/carers, worries about credibility, and feelings of embarrassment due to stigma associated with mental distress (Vidourek et al., 2014). It has been found that CYP value engaging with people of a similar age, as they feel they will be better understood and receive developmentally appropriate support (de Beer et al., 2022). Adults are often perceived as not understanding youth culture and its associated challenges (Gopalan et al., 2017). The shared lived experience of mental distress also makes peer support a more acceptable way of help-seeking for CYP, even if it comes from someone who is older (Tindall, 1995). Evidence has been presented that young voice-hearers call for more peer support spaces (Kapur et al., 2014). Indeed, it is argued that the benefits of peer support are amplified for CYP from marginalised communities who often face additional barriers to mainstream mental health services and are left feeling ostracised (Faulkner & Kalathil, 2012; Fortuna et al., 2022; Richard et al., 2022; Segal et al., 1998).

1.3.3. Limitations within the Field

Much of the available literature on peer support comes from adult populations, but important contextual and developmental differences between CYP and adults limit the transferability of these findings (Gopalan et al., 2017). Whilst peer support for CYP is a growing area of interest, there is a lack of studies that aim to learn the perspectives and experiences directly from CYP. Peer support is an umbrella term that comprises many different forms and functions, making it hard to compare studies. More research needs to be done to help differentiate which types or aspects of peer support are beneficial to CYP (Richard et al., 2022). Lastly, principles underpinning peer support do not always go hand-in-hand with traditional research or service provision (Gillard, 2019). As peer support becomes a more mainstream intervention, the danger exists that by incorporating it in existing mental health approaches, it will lose the key values that make it a unique and powerful source of support (de Beer et al., 2022).

1.4. Hearing Voices Movement

A renowned example of peer support is the HVM, also known as the HVN (Fortuna et al., 2022). The HVM represents a social movement that was born in the 1980s in the Netherlands from the collaboration between a voice-hearer, Patsy Hague, her psychiatrist, Marius Romme, and his partner, Sandra Escher (Romme & Escher, 1989). Since then, the HVM has grown from a grassroots movement into an international, collaborative network with the establishment in 2007 of Intervoice, an organisation that coordinates voice-hearers and allies globally in their social action (Styron et al., 2017). The HVM promotes the emancipation of voice-hearers by encouraging authentic collaboration between experts by profession and experts by experience.

The HVM contrasts the dominant medical model used in mental health services, which identifies hearing voices as a symptom of mental illness that needs to be eliminated or suppressed, e.g., by using anti-psychotic medication (Higgs, 2020). Indeed, many voice-hearers have found this model harmful and damaging (Dillon & Hornstein, 2013). The HVM sees hearing voices as meaningful and natural human experiences (Romme & Escher, 2012). It acknowledges that voices can be understood within the context of a person’s life, e.g., as a response to adverse experiences. Key to the HVM approach is that voice-hearers are seen as experts and that peer support and advocacy are found to be transformative (Corstens et al., 2014). Multiplicity of explanations for voice-hearing is valued: voice-hearers are encouraged to define their experiences themselves, a process many find powerful and helpful. Voice-hearers who ascribe to the medical model and identify with psychiatric diagnoses are also welcomed.

1.4.1. Hearing Voices Groups

A major development of the HVM are the HVGs: peer support groups for people who hear voices and/or have other unusual perceptions (Dillon & Hornstein, 2013). HVGs can vary in format but are traditionally open-ended groups in which members have collective ownership of the content and structure of the sessions (Styron et al., 2017), in contrast with time-limited and manualised groups, such as group CBT for hearing voices (Kay et al., 2021; Langlois et al., 2020; Newton et al., 2007; Ruddle et al., 2011). HVGs offer voice-hearers a safe space to share and explore their experiences, which differs from mental health services that many have experienced as silencing, isolating, and stigmatising (Dillon & Longden, 2012). There is a growing number of HVGs, with over 180 groups being currently advertised on the England HVM website (HVN, n.d.). Settings vary from being purely peer-led support groups to being integrated within charities and NHS services. During, and since, the COVID-19 pandemic many groups have been meeting virtually (HVN, 2020).

1.4.1.1. Research on HVGs:

As HVGs have grown in popularity, so have questions about their effectiveness and legitimacy. Many figures aligned to the HVM oppose the need to adopt positivist research methods to evaluate HVGs, despite these traditionally being placed at the top of the evidence hierarchy (Denzin, 2018). Corstens et al. (2014) argue that Randomised Control Trials tend to focus on symptom reduction and standardised treatment protocols. This is at odds with the HVM ethos of not considering HVGs as a clinical intervention and valuing subjective experiences, including accepting people’s wishes to live alongside their voices, rather than suppressing them. Randomly assigning people to HVGs as part of a trial is directly against the principle of free choice of attendance of HVGs (Dillon & Hornstein, 2013). Therefore, it is suggested that first-person accounts and qualitative research should be given heightened importance in the evaluation of HVGs (Corstens et al., 2014; Hart, 2017; Snelling, 2005). In addition, quantitative measures tailored to HVGs have been developed that do not focus on symptom reduction and are aligned with the HVM approach (Longden et al., 2018). Overall, it is argued that voice-hearers should be involved in the process of evaluating HVGs, in line with the ethos of not valuing professional expertise above the expertise of people with lived experience (Higgs, 2020).

Over the past two decades, several studies on people's experiences of HVGs have been published (Beavan et al., 2017; Clements et al., 2020; Dos Santos & Beavan, 2015; Longden et al., 2018; Meddings et al., 2010; Oakland & Berry, 2015), indicating that HVGs can be powerful resources of support resulting in wide ranging benefits. This literature will be explored in more detail in section 1.5.1. Investigations into the mechanisms underpinning HVGs suggest that these benefits emerge because of distinctive features of HVGs that are rooted in the HVM (Hornstein et al., 2020, 2021; Payne et al., 2017; Schaefer et al., 2021). These features include a curious and non-judgemental stance, openness to multiple perspectives and explanatory frameworks, emphasis on self-determination and sense-making, group ownership flattening hierarchy, sharing of coping mechanisms, value on lived experience, and open dialogue between members.

1.4.1.2. Settings, training, and facilitation of HVGs:

As HVGs are becoming more established, they are starting to be embedded within healthcare settings as a type of support offered to service users (Hornstein et al., 2020). A recent investigation into NHS staff's views of HVGs reported predominantly positive views of HVGs with associated benefits for service users, such as being normalising and increasing hope and social contact (Jones & Jacobsen, 2021). However, the findings suggested that most of the professionals lacked knowledge of the HVM's theoretical framework and evidence-base. Some staff expressed worries around the perceived safety of these groups and feared they opposed traditional mental health services (Jones & Jacobsen, 2021). Indeed, critics of the HVM argue it is part of the anti-psychiatry movement, indicating that some clinicians may act as barriers to people accessing HVGs (Inman, 2015; Styron et al., 2017). Contrastingly, proponents of the HVM question the embedding of HVGs in traditional services, doubting it is possible to stay true to HVM principles without co-opting mainstream approaches (Corstens et al., 2014; Kay et al., 2017; Styron et al., 2017). For instance, HVGs are already being offered in conjunction with CBT principles and on a time-limited basis (Kay et al., 2021; Newton et al., 2007; Ruddle, 2017).

One way to safeguard HVGs against assimilation of mainstream approaches is by advocating that group facilitators must attend training which covers underpinning theories and principles of the HVM (Dillon & Hornstein, 2013). The training would also ensure that facilitators have the appropriate level of knowledge and required skills to make HVGs safe places for their members (Dillon & Longden, 2012). Thus, despite each group having its own identity and structure, an overarching thread would connect all HVGs.

Dilemmas also exist around who should facilitate HVGs, as exemplified by Jones et al.'s (2016) survey of 32 group facilitators in the US who had different opinions on whether HVGs should be strictly facilitated by voice-hearers or be open to people with other lived experience of mental distress and/or staff without lived experience. Dillon and Hornstein (2013) stated that neither a professional degree nor lived experience necessarily makes for a good group facilitator, once again highlighting the importance of training in the HVM principles. A key feature of the HVM ethos is that group members are encouraged to transition to facilitators (Snelling, 2005).

1.4.1.3. HVGs for CYP:

There is a rise in HVGs for specific populations, such as people with Learning Disabilities (Roche-Morris & Cheetham, 2019; Tomlins & Cawley, 2016) or older adults (Lee et al., 2002). Nevertheless, HVGs for CYP remain scarce, with only three groups for CYP advertised on England's HVGs list (HVN, n.d.). Specific HVGs for CYP are hypothesised to be useful as CYP have particular developmental needs, their relationship to mental health services may be different, and the age difference when attending adult groups may make group members feel uncomfortable. As discussed in the peer support for CYP section, to ensure safety of HVGs for CYP, adults will be involved as facilitators, who may or may not have lived experience of voice-hearing.

1.4.2. Limitations within the Field

The challenges faced by the HVM concerning research practices and integration in mainstream services have already been discussed. But there are other problems surrounding the Movement. The HVM has been at the forefront of critiquing mainstream understandings of voice-hearing and holding mental health services to account. It must, however, also hold this critical lens on itself, otherwise it faces the risk of idealising its own ideas and principles (Corstens et al., 2014). For instance, people should not be imposed to identify as voice-hearers because this risks becoming an oppressive label just as psychiatric diagnoses can be (Woods, 2013). It may well be that some people find the HVM alienating and stigmatising, for instance those who do not assign meaning to their voices or those who ascribe fully to the medical model (Jeffs, 2012). Language poses a further challenge to the HVM; some people would like a narrow focus on explicit voice-hearing whereas others believe it should encapsulate all experiences that are sensory, unusual or extreme (Jones et al., 2016).

1.5. Literature Reviews

A systematic literature search combining all elements of the study, namely YP's HVGs, yielded only one relevant result through grey literature, highlighting that this is an unexplored area. Thus, two separate scoping reviews (Arksey & O'Malley, 2005) were conducted which will inform this thesis: adults' experiences of HVGs, and CYP's experiences of mental health peer support groups. These scoping reviews aimed to provide the relevant context, summarise and critique findings, and identify research gaps. In line with the methodology of this study and the HVM ethos, value was placed on research that amplified the voices, perspectives and experiences of voice-hearers and CYP, resulting in a tendency to include qualitative studies.

Both scoping reviews were conducted between September 2022 and January 2023, and followed the same procedure. First, specific search terms were used in the following databases: Academic Search Complete, CINAHL, PsycINFO, PubMed, SCOPUS, and Science Direct. Relevant grey literature was identified by using open-source platforms and by reviewing reference lists and citations of key articles. Appendix A outlines in detail the search strategy employed, including search terms, inclusion and exclusion criteria, and diagrams charting the results of the reviews (Peters et al., 2015).

1.5.1. Adults' Experiences of HVGs

As there is a lack of research into YP's HVGs, it was deemed relevant for this thesis to review the literature on experiences of HVGs, and their potential impact, from the perspective of adults. The findings of this scoping review may foretell YP's perspectives found in this study and help to identify differences between the experiences of adults and YP. The literature review revealed four key articles which will now be evaluated. A summary of the literature will be given, including overarching limitations within the studies.

1.5.1.1. Oakland and Berry (2015):

Oakland and Berry (2015) aimed to explore people's experiences of HVGs. Eleven people participated in the study from three different HVGs in the UK. People's ages ranged from 30 to 60 years old, and duration of attendance ranged from eight weeks to fourteen years. The study involved semi-structured interviews and Reflexive Thematic Analysis (TA) was used to analyse the data. Five themes were identified which included similarities and differences in participants' experiences of HVGs.

The first theme related to the discovery of HVGs: participants reported they were introduced to HVGs by healthcare professionals or current members of the groups. They hoped to learn from others but experienced hesitation as attending a group felt like a "big step".

The second theme related to the structure of HVGs which was experienced as positive. Participants valued the collective ownership of the group and the open-endedness of the groups, contrasting with more negative experiences of NHS groups which are time-limited and have expectations around regular attendance. Participants varied in their opinion on who should facilitate HVGs, with some stating not having professionals involved helped to counteract power imbalances.

The third theme was around acceptance. Participants felt accepted by other group members, in contrast to more negative experiences with their social networks which led to isolation. Participants felt this acceptance also made them see themselves as whole people, rather than being confined to their voice-hearing experiences. The groups were viewed by participants as a resource and having social benefits.

The fourth theme related to hope and HVGs helping people believe they could recover. People spoke of seeing other members as admirable and promoting motivation to be proactive.

The final theme related to benefits associated with HVGs. Participants appreciated the opportunity to talk about their experiences freely and in-depth. They spoke of valuing the exchange of coping strategies and learning from others with similar experiences. Participants felt the groups helped them in other areas of their lives and led to feelings of control and empowerment. Some participants shared that the groups had a positive impact on their sense of self.

Clinical implications were identified, including the importance of raising awareness of HVGs and helping people feel at ease about attending groups. The authors highlighted that their alliance to the HVM approach and the fact they do not identify as voice-hearers themselves may have impacted how they approached the study and the findings. Five participants also had facilitator roles, meaning their reported experiences of the HVGs may be confounded by their experiences as facilitators.

1.5.1.2. Dos Santos and Beavan (2015):

Dos Santos and Beavan (2015) aimed to explore the experiences of attendees of HVGs in New South Wales (Australia). The sample consisted of four participants: two women and two men, aged between early 30s to late 50s, who had been attending their HVGs between seven months and two years. The study involved semi-structured interviews and three themes were derived using Interpretative Phenomenological Analysis (IPA) which mapped out participants’ journey with the HVGs.

The first theme related to participants’ first experiences with HVGs. Participants in this study were introduced to HVGs by their social network or healthcare professionals. They reported they had experienced confusion and secrecy around their voice-hearing, resulting in anxiety around engaging in a group setting, for instance due to fear of talking about their voices.

The second theme related to people’s experiences of HVGs, which showed both similarities in perceived benefits derived from the group and unique experiences.

Participants reported valuing the social nature of HVGs, as all participants spoke of feeling isolated. The groups allowed participants to connect with others and to share their voice-hearing and general experiences. Participants described building trust in the group and appreciating the consistent sense of care they received from it. Participants valued the role the facilitators had in ensuring the group had a general structure and ground rules which allowed for the group to feel contained. Most participants reported wishing the group was larger in size, with some reflecting on people who no longer attended their groups.

The final theme related to the perceived impact of HVGs on participants' life generally, with authors noting unique experiences. Some participants reported positive influences on their self-esteem and confidence levels. Two participants noted they related to their voices differently due to the HVGs. All participants reported that the HVGs helped them speak more openly about their voice-hearing outside of the group. Participants also spoke of wanting to live alongside their voices, rather than living without them.

Limited information was made available on the facilitators of these HVGs. As in Oakland and Berry's (2015) study, the authors noted the importance of reflexivity in the analysis and acknowledged their personal alignment to the HVM approach, with one of the authors having a role in this particular network of HVGs.

1.5.1.3. Beavan et al. (2017):

This study by Beavan et al. (2017) represents survey findings on group members' experiences and perceived impact of HVGs. It was part of a larger scale evaluation of HVGs in New South Wales (Australia) which also included the aforementioned qualitative study by Dos Santos and Beavan (2015). Twenty-nine people participated and the following demographics were reported: ages ranged from 21 to 79 years old with 57% women and 43% men. There was a wide range in duration of voice-hearing (one month to 53 years) and of group participation (one month to 61 months). Participants completed a questionnaire purposely designed for the study and rated their level of endorsement on 21 clinically- and recovery-related outcomes chosen by the authors based on previous findings regarding HVGs.

The survey data appeared to be in line with the findings reported by the two previously discussed qualitative studies on HVGs. Participants reported improvements on a range of recovery-related outcomes since attending HVGs: their social skills, self-esteem, understanding of their voices and ability of speaking about their voices to others all increased, whereas their social isolation decreased.

Participants also linked their attendance of HVGs to improvements on clinically-related outcomes, including hearing less voices, feeling less scared of their voices, and experiencing their voices as less powerful and more positive. Only a small proportion of participants noted deterioration following attendance of HVGs, indicating that overall HVGs are not experienced as distressing. Participants also reported increased hope. A small majority of participants reported requiring less hospital admissions and emergency help, and around a third of people reported decreasing their medication use.

Participants reported that the HVGs followed the HVM principles. The authors concluded that this suggests there are specific features of the HVM ethos that make these groups beneficial and that the facilitator training appeared to be successful. There were mixed findings on how confident participants felt about transitioning to becoming facilitators. Participants mostly reported becoming aware of HVGs through their social networks or mental health professionals.

The authors noted difficulties with recruitment and recommended future researchers to use online mediums. There are dilemmas concerning how to evaluate HVGs in line with the HVM ethos. Although the authors purposefully designed the questionnaires holding relevant outcomes, they may nevertheless have privileged certain recovery and clinical outcomes over other factors. The associated benefits reported by participants may have been confounded by other sources of support they may have been receiving. The authors called for HVGs to be better promoted, as voice-hearers deserve to be aware of all the possible options of support.

1.5.1.4. Longden et al. (2018):

This study by Longden et al. (2018) represents a quantitative evaluation of the impact of HVGs from the perspective of attendees. Aware of the challenges of marrying positivist research methodologies with the HVM ethos, the researchers designed a survey based on the existing findings of qualitative evaluations of HVGs. Participants were recruited by contacting group facilitators of 62 community-based HVGs in England. One hundred one people participated and the following demographics were reported: 53 males, 47 females, one transgender, mean age of 44.54 years, 83 identified as White British.

The questionnaire data were analysed using descriptive and inferential statistics. A high mean total satisfaction score of 99.65 (maximum score 140) was reported. Significant improvements on a range of social, clinical and emotional variables were associated with group attendance, excluding non-significant difference on medication use. Participants appreciated meeting similar others and receiving support that they had not found elsewhere. Participants considered HVGs as helpful resources for recovery and coping. Around a third of participants reported finding HVGs distressing at times. This indicates the importance of ensuring that HVGs are safe spaces whilst continuing to be spaces where people are allowed to share distressing experiences which in other spaces may be silenced or stigmatised.

No significant differences in satisfaction were reported when doing group comparisons, for instance based on who facilitated HVGs (voice-hearers, professionals, or co-facilitation model) or length of group attendance (ranging from one month to over 2 years).

This quantitative study complements the positive findings reported by predominantly qualitative findings on adults' experiences of HVGs. The authors call for more research into HVGs that uses measures in line with outcomes that voice-hearers value, rather than following traditional research methodologies and outcomes.

The study's design was cross-sectional and observational, limiting its generalisability. Causal inferences cannot be made between group attendance and positive outcomes, due to possible confounding variables, such as participants having other sources of support.

1.5.1.5. Summary and limitations:

The four evaluated papers highlight how, on the whole, adult attendees of HVGs have a positive experience of these groups and associate several benefits with their attendance. These include appreciating meeting similar others and decreasing their sense of isolation, increasing hope and acceptance, feeling more empowered, learning new skills, and increasing understanding of their voice-hearing experiences. This suggests that the HVGs have a wide-ranging impact that is not limited to people's voice-hearing experiences. This appears to be in line with the ethos of the HVM, as HVGs do not aim to suppress attendees' voices, rather every person is encouraged to develop their own understanding of their experiences (Dillon & Hornstein, 2013).

The findings suggest that the described benefits emerge because of the distinctive approach taken in HVGs, such as the open-ended structure, collective group ownership and focus on lived experience. This contrasts with mainstream support, which is usually manualised and has expectations around attendance at the risk of being discharged from services. Whilst the focus of the studies was not on facilitators, it appears that participants valued group facilitators as contributors to the perceived safety of HVGs. The participants in these studies varied in their opinion on who should facilitate HVGs, with some preferring voice-hearers only and others being open to non-voice-hearing staff members.

There are overarching limitations within this literature review that are important to consider. Across the four studies, participants were self-selected and could be considered regular attendees of HVGs. Thus, the perspectives of those who may have had unhelpful experiences of HVGs or experienced barriers to attending remain likely unknown. Three studies did not report data on the ethnicity of participants, with only Longden et al. (2018) stating 82.2% of participants identified as White British. Thus, it is not possible to assess whether HVGs are accessed by an ethnically diverse group of people, limiting our knowledge of potential ethnic differences in experiences of HVGs.

1.5.2. Peer Support Groups for CYP

The literature review process highlighted the paucity of research looking at CYP's peer support mental health groups. There is even less research that centres on CYP's voices and their perspectives on peer support groups; most available studies concentrate on evaluating groups' effectiveness, for instance by employing pre- and post-group outcome measures.

The literature review identified three key papers which cover different types of groups. It is hypothesised that findings of CYP's experiences of peer support groups can be indicative of YP's experiences in this study. These three studies will now be evaluated, before a summary of the literature will be given, including overarching limitations within the literature.

1.5.2.1. Hayes et al. (2014):

This report represents an evaluation by Hayes et al. (2014) of a third-sector service that supports CYP (aged 12-18) who hear voices and/or have other sensory experiences by providing peer support in individual and group settings. Whilst it is not a peer-reviewed journal article, it felt important to include this evaluation in the literature review as it represents the only available piece of literature that specifically referred to CYP's HVGs. The report was conducted by what appears to be an independent research group.

Hayes et al. (2014) investigated whether the service's support increased CYP's self-esteem, coping strategies and quality of life. The authors collected anonymous questionnaire feedback from CYP (n=16) who had attended HVGs, and three CYP engaged in follow-up interviews. Demographic data were not available for the 16 CYP who completed the questionnaires. All three CYP who engaged in the interviews identified as Caucasian, with one being 14 years old and two 18 years old. Data on gender were unavailable.

The questionnaires consisted of Likert-scale questions (0 = not at all, 5 = a lot) regarding the HVGs that the service offers. The interview schedule utilised went in more depth about CYP's experiences of the support they received from the service, including what led CYP to engage, what they found useful and what the service could improve on.

The authors concluded that the service achieved its aim of increasing CYP's self-esteem, coping strategies and quality of life. The questionnaire results were overall positive, with more than 50% of the responses being 5 (helped a lot) or 4. The most helpful aspects of the HVGs included feeling more hopeful about the future and more listened to.

The interview data appeared to corroborate the questionnaire findings, whilst allowing for more in-depth exploration. The authors developed the following themes using TA: 'learned new techniques and coping strategies to manage voice-hearing', 'reduced feelings of isolation', 'approached voice-hearing in normalising and non-stigmatising way', 'an outlet for expression', 'being able to cope with voices better in day-to-day life', and 'self-empowerment'. CYP also identified barriers to support and suggested HVGs should be split into smaller age groups, allowing the groups to be better suited to developmental needs and concerns.

These findings are relevant as they point to what YP in the presented thesis may find helpful about YP's HVGs. The questionnaire findings related to HVGs only; however, the interview data came from CYP who may have engaged in additional individual peer support. Thus, this thesis provides an opportunity to explore HVGs more in-depth and get perspectives of YP who access a range of HVGs, not solely those related to a specific organisation with its unique culture and way of offering support. It is worth noting that, at the time of writing, Hayes et al.'s (2014) evaluation was published nine years earlier, indicating the importance of an up-to-date exploration of YP's HVGs.

1.5.2.2. Davidson et al. (2019):

This article represents an evaluation of a young persons' group established within the Gender Identity Development Service (GIDS) in 2011. At the time, GIDS was the only available service in the UK for gender questioning and gender diverse CYP. The group was set up after feedback from CYP who asked for a space where they could meet similar others to exchange coping strategies and share experiences and difficulties. The group ran for nine consecutive weeks for 90 minutes and was co-facilitated by three staff members with a psychology background. Each group session was themed around key concerns that CYP at GIDS had. Each session followed a similar structure that included check-ins and check-outs, as well as open conversations enabling sharing of experiences. The group was rooted in CBT and systemic therapy but was not manualised.

Fourteen CYP, aged 15-18, participated in the group, with 90% of participants assigned female at birth. The group was evaluated using a mixed-method design. Participants completed the Kidscreen questionnaire (Ravens-Sieberer et al., 2005), a self-reported measure of wellbeing, before starting the group and upon its completion. Statistical analysis showed a slight improvement in wellbeing after attending the group. A significant difference was found in the ‘social support and peers’ dimension, suggesting the group helped CYP to feel more included and supported by their peers.

In addition, CYP were given qualitative forms to complete at the start and upon completion of the group. The resulting qualitative data were analysed using TA. The authors reported that CYP in the group hoped to “develop peer relationships, meet other YP in the same situation and feel more accepted and less alone” (Davidson et al., 2019, p.9). The young persons’ group appeared to fulfil these hopes with the following themes indicating what they valued the most: ‘sharing experiences’, ‘worrying/thinking about the future’, ‘gaining information, confidence and peer relationships’. By combining these results with those of the Kidscreen questionnaire, it appeared that participants benefited mostly by feeling more included and supported.

It felt pertinent to include this evaluation as both gender diverse and voice-hearing CYP are stigmatised groups, and literature has shown the importance of peer support groups for stigmatised CYP. Despite the likely unique perspectives associated with aspects of their identity and experiences, it is hypothesised that the findings discussed in Davidson et al.'s (2019) study may be similar to the findings in this thesis. The authors reported that the young persons’ group was not as diverse in terms of gender (both assigned and identified) as originally envisioned. They noted that some female identifying participants did not return after attending the first session and hypothesised that they may have found the group dynamics too challenging due to perceived differences with other group members. This is an important observation in relation to HVGs, which are open to CYP with a range of sensory and unusual experiences, not necessarily solely voice-hearing. Thus, it is hypothesised that there will be perceived differences among CYP who attend HVGs with a possible impact on their engagement with the groups.

Another similarity with this thesis is that the GIDS group and YP's HVGs are both adult facilitated spaces. However, HVGs are rarely only facilitated by Psychologists, with some staff identifying as having lived experience of voice-hearing. Another key difference is that HVGs tend to be open-ended groups without pre-assigned themes, in contrast to the more structured nature of the GIDS group.

1.5.2.3. King and Simmons (2023):

This study represents an evaluation of groups co-facilitated by two staff and one peer worker within a mental health service in Australia for CYP with complex mental health difficulties. The groups ran weekly for eight to ten weeks. Thirteen CYP (aged 15-25), eight males and five females, participated in five group cohorts. Four participants' ethnic identification was 'other than Australian'.

The study involved semi-structured interviews about CYP's experiences of the groups conducted by two independent researchers, with a particular focus on exploring the perceived roles of and the differences between the staff and peer facilitators. The data were analysed using TA. The authors concluded that participants found the group on the whole supportive for their recovery. The co-facilitation model led to the "best of both worlds" (King & Simmons, 2023, p.67) as CYP found both staff and peer workers provided unique skills which complemented each other. Participants reported feeling comfortable in the group and having built positive relationships with the facilitators. The peer workers were perceived as more credible when offering advice due to their lived experience. The sharing of these lived experiences enabled openness and connection in the group. Peer workers were seen as hopeful and positive role models. Participants shared that the group helped them to feel less stigmatised and isolated and that it promoted meaning-making. This resulted in positive social outcomes and feelings of empowerment.

Participants reported finding the sharing of power between CYP and staff within the group useful.

The findings suggested that CYP found it important to have both staff and peer workers facilitating the groups. This is an important finding in relation to CYP's HVGs, as these groups will have some degree of staff facilitation but not necessarily someone with lived experience of voice-hearing.

1.5.2.4. Summary and limitations:

The evaluated papers indicate that CYP's experiences of peer support groups are positive. The heterogeneity of covered peer support and shared experiences makes it difficult to come to definitive conclusions. Nonetheless, peer groups seem to provide a safe place to meet similar others, share experiences, support meaning-making and try new coping strategies. Stigmatised experiences can make CYP feel alone and misunderstood. Therefore, non-judgemental peer groups were found to be valuable resources for CYP with a positive impact on their wellbeing and quality of life. This literature review highlights that this is still an area of research in its infancy. More research is needed into specific peer groups, e.g., peer groups for young voice-hearers, as different shared identities are expected to lead to different experiences.

King and Simmons (2023) reported that the presence of non-peer staff facilitators was well received by the attendees. This is an important point to highlight given that YP's HVGs will differ from adult HVGs by having additional dynamics between attendees and facilitators. Not only will facilitators not necessarily all have lived experience of voice-hearing, there will also likely be an age gap between attendees and facilitators, particularly for attendees who are under 18. Given that CYP do not always perceive adults as understanding of their challenges, this is an important dynamic for the literature on peer support for CYP to hold in mind. So far, the literature suggests that, despite adult facilitation, CYP receive the benefits associated with peer support by being in a shared space with other CYP with similar experiences.

There are overarching limitations that challenge the applicability of the findings in this literature review. The authors of the three studies commented that participants were receiving other types of support, meaning it is not possible to say whether the positive outcomes reported by CYP were solely due to attending the peer support groups. As in the scoping review on adult HVGs, the existing research only includes the perspectives of CYP who have accessed peer support groups. They may be more prone to report positive experiences, limiting our knowledge of potential barriers to access and possible unhelpful aspects of peer support groups. In addition, data about participants' ethnicity were either missing or reported differently in the three studies, again limiting our knowledge of potential differences in how groups are experienced or accessed by different ethnic groups.

1.6. Current Research

1.6.1. Study Rationale

The scoping reviews highlighted a gap in the understanding of YP's HVGs, identifying only one service evaluation focusing specifically on CYP's experiences of HVGs. The existing literature shows that HVGs are experienced positively by adults and that peer support groups are valuable to CYP. It was therefore important to combine these two fields by conducting an explorative study into YP's HVGs specifically. Difficulties in recruitment, which will be discussed in detail in section 2.5.1, led to the study including both YP who had attended HVGs and group facilitators of YP's HVGs. Group facilitators were deemed to be the best additional sample due to their first-hand involvement in YP's HVGs. However, the focus of the study remained on elevating the perspectives of young voice-hearers and understanding how YP experience and potentially benefit from HVGs, rather than focusing on exploring the experiences of group facilitators.

1.6.2. Clinical Relevance

Hearing voices appears to be more prevalent in CYP than in adults. Whilst not all these experiences are distressing, research suggests that voice-hearing that starts in adolescence and/or persists from childhood is linked with poorer outcomes, such as increased likelihood of being diagnosed with a mental health difficulty. As the support available to young voice-hearers appears inadequate, it is clinically relevant to conduct an explorative study into the usefulness of HVGs as potential alternative and/or additional sources of support. This study will also allow to identify similarities and differences between YP's and adults' experiences of HVGs, ensuring YP's HVGs are set up with YP's perspectives and needs in mind. Positive findings in this study may lead to an increase in awareness and funding of YP's HVGs, which remain scarce in the UK, and ultimately improve the support available to young voice-hearers.

1.6.3. Research Questions

This study aims to explore experiences of HVGs for YP and their impact on YP's quality of life from the perspectives of YP and group facilitators. It will do this by asking the following research questions:

- What do YP and group facilitators think is helpful and/or unhelpful about attending YP's HVGs?
- What do YP and group facilitators perceive the impact of HVGs to be on YP's qualify of life?

2. METHODOLOGY

2.1. Chapter Overview

This chapter outlines the philosophical assumptions of the research, resulting in the rationale for the methodology employed. Ethical considerations and participant information will be discussed. The procedure of the study and the analytic strategy are described in detail. Researcher reflexivity will also be explored.

2.2. Philosophical Position

It is important for the researcher to state their philosophical assumptions, as these influence all aspects of research, from which topic is believed to need exploration to how data is collected, analysed and presented (Braun & Clarke, 2021b). A critical realist position underpins the current research, offering a way to combine ontology, the study of reality and being, and epistemology, the study of knowledge (Fryer, 2022). A stance of ontological realism is taken which states there is a real world that can be observed and examined which is independent of the researcher's existence (Pilgrim, 2020). In addition, a stance of epistemological relativism is taken which suggests that we all interpret the world we live in, i.e., our reality, based on our own biases, culture, and socio-political context (Willig, 2016).

Voice-hearers often face epistemic injustices (Fricker, 2007), such as being excluded from research and knowledge production, being forced to ascribe to particular frames of references, or being told their voices are not real (Coles et al., 2013). The researcher took a position of validating and not questioning the experience of voice-hearing, while simultaneously acknowledging that participants' sense-making of their experiences is entrenched within the social context. For example, participants living in the UK will be influenced by the dominant Western narrative that views voice-hearing as abnormal and as something that needs to be treated (Johnstone, 2011), which is likely to influence how participants conceptualise voice-hearing and how they position the value of HVGs.

2.3. Rationale for Methodology

A quantitative approach was seen as not aligned to the HVM ethos which prioritises the elevation of voice-hearers' voices and perspectives (Corstens et al., 2014). The researcher deemed a qualitative design more suited for this explorative study which aimed to gain rich and nuanced data from participants within a critical realist position (Willig, 2013). Focus groups were considered inappropriate, particularly for YP who may be apprehensive to talk about their experiences of HVGs in another group setting with people they may or may not know. The researcher hypothesised that qualitative surveys could help to overcome barriers to engage in research because of their anonymity, but the inability to ask follow-up questions was esteemed to inhibit nuance in the data. Thus, semi-structured individual interviews were chosen as the optimal method to allow participants to openly share their individual experiences of YP's HVGs, resulting in rich data.

2.4. Ethical Considerations

2.4.1. Ethical Approval

The research was carried out in line with the British Psychological Society's Code of Human Research Ethics (BPS, 2021). Ethical approval was granted by the University of East London's (UEL) School of Psychology Research Ethics Sub-Committee. The Ethics Review Decision Letter, finalised Ethics Application Form, and approved Ethics Amendment Requests are found in Appendices B-D.

2.4.2. Informed Consent

Informed consent was obtained by providing potential participants with the study information sheet (Appendix E) which outlined the participation process, including their rights to withdraw, confidentiality and data protection. It was specified that the interviews would take place using Microsoft Teams and would be recorded. The option for participants to have their cameras turned off was given to promote engagement in the study; however, all participants kept their cameras on. Participants were also given the option to have an introductory meeting with the researcher to find out more about the study and ask questions. Prior to the interviews, participants were emailed a consent form (Appendix F), which they were asked to sign and return. To protect vulnerable participants, parental consent was encouraged for those aged 16-17, but not required. On assessment, potential harm due to participation without parental consent was deemed to be low, and it was preferred to not introduce any barriers to participation, given research suggesting many YP do not share their voice-hearing with parents/carers (Parry et al., 2020). Before commencing each interview, the researcher summarised what participation entailed and consent was checked again verbally. No participants discontinued their participation during the interviews or requested their data to be withdrawn.

2.4.3. Confidentiality

Participants were assigned participant numbers and all identifiable information was removed from the transcripts, such as names of services or locations. The anonymised transcripts are only accessible to the researcher, supervisor, and examiners. Confidentiality, and its limits, were made explicit to participants verbally and via the information sheet.

2.4.4. Data Protection

The study adhered to the principles of the Data Protection Act 2018 as outlined within a comprehensive Data Management Plan (Appendix G). In brief, all data and personal information gathered as part of the study were stored securely onto the researcher’s UEL OneDrive for Business. Recordings of the interviews were deleted once transcriptions were completed. NVivo, linked to the researcher’s UEL account, was used to analyse the anonymised transcripts. Consent forms will be deleted once the thesis has passed examination. Transcripts and demographic data will be stored securely for up to three years by the research supervisor for dissemination purposes.

2.4.5. Remuneration

Participants were given the option to receive a £10 Amazon voucher in recognition of their time and expertise. Six out of ten participants took this offer up and completed UEL's Voucher Claim Form (Appendix H). It was made clear to them that remuneration would not impact their participation, for instance they could continue to request to end the interview, were not obligated to answer every question and could ask for their data to be withdrawn.

Whilst payment in research is considered problematic when it is used as coercion (BPS, 2021), the researcher felt it was unethical for people to give up their time for free. As the amount offered is in line with the National Minimum Wage (GOV.UK, n.d.), it was considered to be an authentic compensation that would not impact participants' ability to provide informed consent (Belfrage, 2016).

2.4.6. Participant Wellbeing and Support

The UEL Risk Assessment Form (Appendix I) was completed and it was concluded that the risk to participants was low. The researcher was conscious the interviews could be experienced as distressing for participants, for instance if YP participants had had negative experiences of HVGs. Throughout the interview process, the researcher prioritised the safety of participants, for instance by reminding them they did not have to answer every question and they should share only what they felt comfortable sharing. Indeed, it was emphasised that the study's focus was on experiences of HVGs to ensure participants did not feel obliged to speak in detail about their voice-hearing experiences. This was relevant to group facilitators as well, as they were asked whether they considered themselves to be staff or peer facilitators, which implies disclosure of possible lived experience of voice-hearing and/or distress.

After the interviews were completed, the researcher checked in verbally with the participants and emailed them a debrief sheet (Appendix J), outlining various sources of support and contact details should they have any queries. None of the participants indicated, verbally or in writing, that they had been distressed by the research.

2.5. Participants

2.5.1. Recruitment

Appendix K outlines a detailed narrative of the recruitment process, including challenges that were encountered. The original aim was to recruit YP who had attended YP's HVGs. Study advertisements were created (Appendix L), which also addressed potential concerns about engagement. After several months of active recruitment via a number of avenues, only three YP had expressed interest in the study and proceeded to participate. Recruitment was predicted to be challenging, given the stigma around hearing voices acting as a barrier to disclosure (Bogen-Johnston et al., 2019), and the lack of YP's HVGs limiting the pool of YP who met the inclusion criteria. Due to the constraints of conducting this study as part of a doctoral thesis, the focus was expanded to include group facilitators. As previously mentioned, group facilitators were deemed to be the closest available additional sample to comment on YP's experiences of HVGs, in the absence of more YP expressing interest in participating in the study. Nevertheless, it is acknowledged that this choice impacts the study's original intention of empowering young voice-hearers, as facilitators' perspectives do not necessarily align with YP's views.

A similar recruitment strategy was taken for group facilitators, which included advertising a new study advert (Appendix L) via social media and the researcher's professional network. Six group facilitators made contact and proceeded to participate in the study, with one further YP expressing interest and participating in the study.

2.5.2. Inclusion Criteria

The inclusion criteria for YP to participate were: aged 16-25, live in the UK, identify as hearing voices and/or having other sensory/unusual experiences, and have attended at least three HVGs (in the past or currently). A minimum amount of attendance was set to ensure that participants could draw from enough experience of the HVGs during the interviews, whilst at the same time acknowledging that group outcomes do not seem to be dependent on length of group membership (Longden et. al., 2018).

Group facilitator participants (GF) were required to live in the UK and have facilitated at least three sessions of YP's HVGs.

To protect vulnerable participants, exclusion criteria included experiencing current acute distress, such as being at risk of harm. This was stated in the participant information sheet and consent form. The researcher also subjectively assessed YP's vulnerability through email exchanges and during the introductions.

The ability to participate using Microsoft Teams was required although adjustments would have been made if participants preferred to meet over the telephone or in person.

2.5.3. Sample

What constitutes an ideal sample size in qualitative research is heavily debated (Sebele-Mpofu, 2020). As Braun & Clarke (2021c) state, data saturation principles are not consistent with Reflexive TA which places the emphasis on data richness. Thus, a pragmatic approach was taken where sample size was aimed at eight participants, based on the population group and constraints of conducting research within a Doctoral Programme. Following the recruitment of GF participants, it was aimed to have a relatively equal number of YP and GF participants. In the end, a total of ten people participated: four YP and 6 GF participants.

Participants were asked to share demographic information at the start of the interview. YP participants were aged 20-25 years. One described their gender as male, one as trans male, and two as female. All four YP participants identified as White British and were currently regularly attending HVGs that were community-based. One YP participant had a past, short-term experience of attending an NHS HVG.

Ages of GF participants ranged from 32-68 years, with a mean age of 43 years. Five described their gender as female and one as non-binary. Whilst ethnicity was self-described during the interviews, broad ethnic groups are reported to protect anonymity: five GF participants were White British and one was South Asian. Two GF participants identified as having lived experience of voice-hearing. Three GF participants were current facilitators. All GF participants had experience of facilitating community-based HVGs, e.g., independent groups or affiliated to charities, and two had also facilitated HVGs in clinical settings in partnership with NHS teams.

2.6. Procedure

2.6.1. Consultation

The researcher was in communication with a charity supporting young voice-hearers throughout the research process, including during the development of the research questions and interview schedule; it will be referred to as the Charity. The proposed research plan was shared by the Charity with their YP's steering group, with no requests for changes being communicated to the researcher. Regrettably, the researcher was not able to consult directly with young voice-hearers at any stage of the research design. Although there was some level of consultation with stakeholders, this study does not constitute co-produced or user-led research (National Institute for Health Research, 2021).

2.6.2. Interview Schedule

Holding the research aims and questions in mind, a semi-structured interview schedule was developed based on the literature review findings. The schedule was edited with the support of the research supervisor and was shared with the Charity (Appendix M). A pilot interview was not conducted due to the already small pool of participants the researcher was recruiting from. A mock interview was conducted with a colleague to enhance the researcher's confidence and to ensure the flow of the questions. A similar procedure was followed subsequently when developing the interview schedule for group facilitators (Appendix M). The researcher continued to try to prioritise gaining young voice-hearers' perspectives by framing questions in a way that ensured group facilitators held YP at the forefront of their minds when answering questions, such as asking 'what do you think YP find helpful or like about HVGs?'.

The researcher used the semi-structured interview schedule to guide the conversation and to ensure each of the main questions were asked, whilst remaining flexible to ensure an organic conversation took place.

2.6.3. Data Collection

Ten interviews took place between August 2022 and March 2023. Interviews were scheduled via email at the participant’s convenience. Interviews lasted between 26 minutes and one hour and 11 minutes, with an average length of 50 minutes. The interviews were conducted and recorded via Microsoft Teams. As previously described, the participants had already read the information sheet and signed the consent form. The researcher recapped important points relating to participation and gave the participants space to ask questions. Once participants provided verbal consent for the interview to commence, the recording of the interview was started by the researcher. The recording was stopped during the verbal debrief between the researcher and participants before the call was ended. The debrief sheet was sent via email by the researcher following this.

2.6.4. Transcription

The automatic transcripts produced by Microsoft Teams were reviewed by the researcher against video recordings. As TA usually follows orthographic transcription (Braun & Clarke, 2013), rather than more complex conventions, the researcher ensured that what participants said was transcribed verbatim following guidelines (Appendix N) adapted from Banister et al. (2011).

2.7. Thematic Analysis

2.7.1. Thematic Analysis Justification

TA was deemed the most appropriate qualitative analysis method to answer the research questions from a critical realist position. TA is a flexible method that allows the development of themes and patterns across a dataset, which is in line with the aims of this explorative study around YP's HVGs (Joffe, 2012). In addition, TA leads to a nuanced analysis that sheds light on differences and contradictions within the experiences of participants (Braun & Clarke, 2006). Given the paucity of research within this specific field, other qualitative methods were considered unsuited. The development of theoretical frameworks using Grounded Theory methods (Charmaz & Thornberg, 2021) was felt too premature of an aim. The focus on identifying unique features within a homogenous group using IPA methods (Smith et al., 2009) did not fit the diverse sample within this study, which included both YP and group facilitators.

A spectrum of TA approaches exists with some methods focusing on reliability and generalisability (Braun & Clarke, 2021a). However, reflexive TA was employed which aligns with the study's critical realist stance, as it embraces the subjectivity of researchers with an awareness that codes, themes and interpretations are generated by researchers, and do not simply emerge from the data (Braun & Clarke, 2021b). A primarily inductive approach was taken, i.e., the analysis was located and driven by the data. Nonetheless, there is an acknowledgement that the researcher's existing knowledge, such as of theoretical frameworks and available literature, will inevitably influence the analytic process (Braun & Clarke, 2021b).

2.7.2. Researcher Reflexivity

Within critical realist Reflexive TA, the researcher's influence in the analysis is seen as resourceful, rather than problematic and leading to bias (Braun & Clarke, 2021b). Thus, it is key to practise reflexivity, meaning the researcher continually reflects on and interrogates their actions and influences on the research process. Stating the researcher's position in relation to the topic explicitly is considered to increase the credibility of the research (Pilgrim, 2020).

2.7.2.1. Researcher's position:

I became interested in this research topic due to a range of experiences in services working with people who had received diagnoses linked to psychosis. I witnessed how many people had been forced to accept the medical model, as consequences of not doing so could result in extremely harmful and coercive practices. Indeed, this was something that often came up in conversations with patients, forcing me to face my own role in this as a staff member working in the current mental health system. I was always particularly affected by CYP facing these harsh environments, considering it was likely one of their first experiences of help-seeking which would probably shape their future relationships with professionals and sense-making of their distress. At the same time, I have worked with incredibly compassionate people who value being person-centred and flexible in their work. I also know from personal experiences that some people value diagnoses and interventions rooted within the medical model. This for me is an example of how important choice, options and agency are in one's care. All of these experiences have led me to align with the HVM ethos and motivated me to research YP's HVGs in particular.

It has been important for me to strive to conduct an ethical study that as much as possible does not replicate harmful practices in clinical and research settings that voice-hearers are often subjected to. Given the value placed on lived experience in HVGs and within the wider HVM, I have been acutely aware that I do not identify as a voice-hearer, and I have been transparent about this to all potential participants. I hold many privileged identities: I am a White, able-bodied, middle-class, cisgender woman. In addition, I hold power by my position of being a mental health professional completing a doctorate degree. These factors will have likely influenced whether participants felt comfortable to engage in an interview with me and potentially what they chose to share with me.

Throughout the research process, I strived to be reflexive, with supervision and keeping a reflective log being particularly helpful in this. Reflexivity in relation to the analysis and findings will be further discussed in section 4.5.2.4.

2.7.3. Thematic Analysis Procedure

The six phases of Reflexive TA were followed as outlined by Braun and Clarke (2021b). This was a recursive process and not a linear one as presented below. Rather than doing separate analyses for YP and GF participants, the dataset was treated as one. The use of different sources is considered to add to the rigour of qualitative research, as the gathering of different perspectives on a topic results in an in-depth and rounded understanding (Yardley, 2000). On the other hand, treating the sample as one may mean that equivalence is assumed between young voice-hearers' and group facilitators' perspectives. Whilst the researcher was conscious of this and continued to try to empower YP's voices, the possible epistemic injustice that was caused will be further discussed within the Critical Review section.

In the write-up of the findings, rather than using pseudonyms, participants are referred to as either YP or GF participants. This ensures it is clear where extracts come from, in line with the aim of highlighting YP's perspectives. To preserve anonymity, the analysis is written using gender-neutral pronouns.

2.7.3.1. Data familiarisation:

Transcribing the interviews initiated the familiarisation with the data. The transcripts were then read multiple times, allowing full data immersion. The researcher took notes throughout this process of salient aspects, both in relation to individual interviews and across the dataset.

2.7.3.2. Initial coding:

Each transcript was systematically coded using NVivo. Codes are labels that capture key features of what participants have said. Once coding was completed, codes across the dataset were collated and relevant extracts were noted. See Appendix O for examples of coded transcripts.

2.7.3.3. Generating initial themes:

Themes represent patterns of shared meaning within the dataset that tell a story aiming to answer the research questions. Candidate themes were developed by examining the collated codes to begin to identify broader patterns of meaning. All codes potentially relevant to each candidate theme were collated using Excel (Appendix P). To support the process using visual tools, the researcher developed an initial thematic map (Appendix Q).

2.7.3.4. Developing themes:

These candidate themes were held lightly and were tested out for fit by looking at the entire dataset. Throughout this process, the researcher kept in mind questions such as ‘do the themes tell a coherent story’ and ‘do the themes answer the research question’. This allowed for further development of themes by, for instance, discarding, combining, or reviewing initial themes. This process was supported by discussions with the research supervisor.

An example of theme development was the collapsing of two candidate themes (‘power of being with peers’ and ‘impact on voice-hearing’) into one theme called ‘power of sharing between peers’, visually represented within a revised thematic map (Appendix R). It was felt that both initial themes had a central organising concept that related to what happens when young voice-hearers come together and share with each other, which includes influencing the relationship to one’s voices through shared meaning-making and learning new coping strategies.

2.7.3.5. Refining, defining and naming themes:

Themes were further refined allowing the researcher to define each theme, by ensuring each theme had a focus and detailed story. This involved naming each theme with the aim of capturing the theme’s content in a way that adequately related to the research questions.

2.7.3.6. Writing up:

The write-up was considered to be part of the analysis process as it allowed for the testing of each theme by developing a rich and concise narrative. This included identifying the appropriate interview extracts and beginning to contextualise the data within the literature.

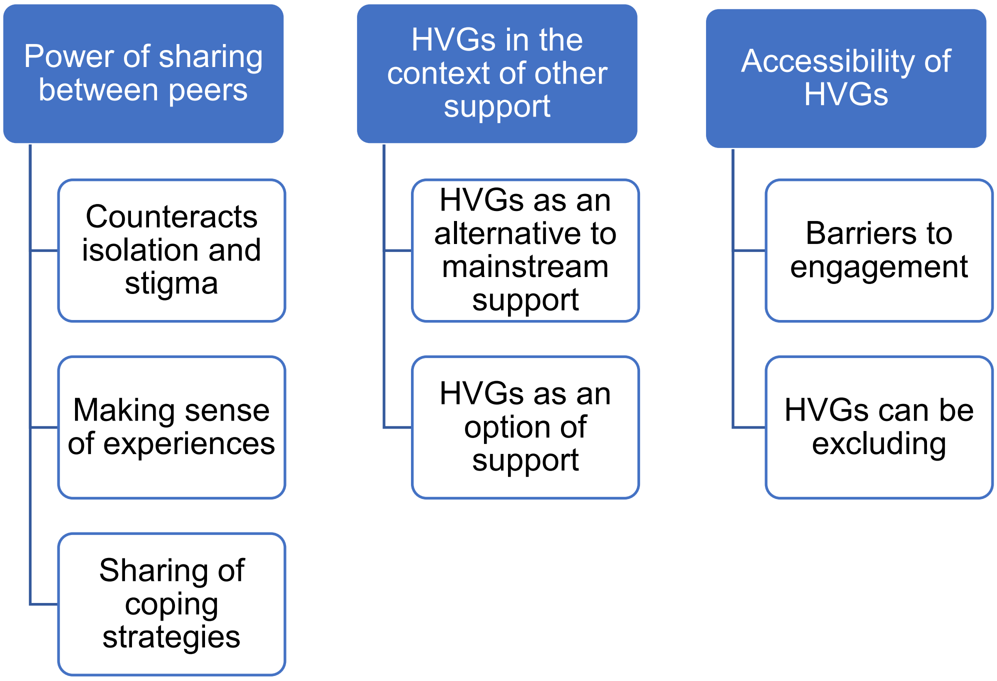
3. RESULTS

3.1. Introduction to Results

As described, Reflexive TA was used to analyse the interview data. Theme development focused on answering the research questions. Several findings were in line with existing research, meaning an active choice was made to foreground novel findings, such as what appears pertinent for young voice-hearers specifically. Three themes, including their subthemes, were developed and are presented in a thematic map (Figure 1).

Figure 1

Final Thematic Map



Each theme, and its subthemes, will be explored in-depth, using quotes from interviews to illustrate and support the interpretations made.

3.2. Theme One: Power of Sharing Between Peers

The first theme captured how powerful it can be for YP to be in a safe space with similar others. Sharing experiences between peers was seen to counteract isolation and internalised stigma, and to provide hope to young voice-hearers. HVGs promote meaning-making, i.e., the way YP understand and make sense of their voices. In these groups, lived experience is foregrounded, mitigating the power imbalance in other settings. This enables peers to learn from each other and share ways to live alongside their voices.

Nevertheless, participants highlighted that not all YP will gain the described benefits from HVGs. This may be because there is a lack of group cohesion that prevents sharing to happen:

> *"But also it's difficult getting a fit. You know, you might have two or three* [young people attending]*, but you know, they're not necessarily, they haven't got the same interests, perhaps."* (GF3)

Indeed, participants shared that not everyone who is of a similar age and hears voices is necessarily considered a peer by young voice-hearers:

> *"It's problematic to assume that people are peers just because they are two people that hear voices, that's not enough to be a peer."* (GF6)

For instance, YP3 shared a duality in their experiences of HVGs, where they have had positive experiences but also feel that they may not fully fit in:

> *"But like groups are really good, but just sometimes it just feels like you don't* (.) *You don't have a place sometimes, and I don't know why it feels like you don't have a place. Even though like there is space for you but like it just feels like there isn't. I don't know why there isn't. It's hard to explain."* (YP3)

This highlights that whilst it is common to categorise people, it is a simplistic way of looking at people’s lives, as we all have intersecting identities and our own set of experiences. This may result in HVGs not feeling as a supportive space for some YP who identify as voice-hearers.

3.2.1. Counteracts Isolation and Stigma

Within this subtheme, participants described how being a young voice-hearer is often an incredibly isolating experience:

> *“If you weren’t to attend the group then you might feel like you're the only person that's going through that kind of thing.”* (YP1)
>
> *“I think I thought I was the only one. I mean, I knew it couldn't be that I was the only one, but sort of it felt like maybe I was the only one.”* (YP2)
>
> *“I'd say go to them if you’re scared of like the experiences you're having. Or like if you're feeling alone or anything like that.* […] *Like go to one of the groups and feel less alone.”* (YP3)

As these three YP described, HVGs provided them with an opportunity to realise they are not the only ones going through experiences such as voice-hearing and they recommended other YP to attend HVGs for this reason.

Participants spoke about the stigma that exists in society which results in voice-hearing not being spoken about openly, heightening a sense they are the only ones with these experiences. Thus, attending HVGs helps YP to feel less alone as they meet people with similar experiences which results in feelings of *“solidarity”* (GF6). Some facilitators described how this in itself can have profound effects on YP:

> *“‘Oh, it's not just me. This happens to other people too’. And there's some, even if it's just silent camaraderie and comfort in that. And there have been some very powerful moments in the group where, you know, someone said something and then it's been like ‘oh wow. I literally thought I was the only person that's happened to’. And that's been quite profound for the young person.”* (GF4)

The available narratives about voice-hearing are often problem-saturated and related to being *“dangerous”* (GF1), with facilitators giving examples of common harmful stereotypes such as *“schizophrenic person murdered so many people”* (GF4). One facilitator noted YP are still in a phase of identity development and their sense of self is particularly susceptible to other people’s perspectives:

> *“A lot of them are still figuring out like their own identity and kind of maybe who they are and maybe what their voices mean to them.”* (GF2)

Thus, YP are likely to internalise this stigma and hold negative views about themselves because of their voice-hearing:

> *“I had a lot of internalised misconceptions and stigma and a lot of things. It was incredibly like eye-opening for me to turn up to this group and see other people with like similar diagnosis and they were human. I feel really bad that I ever felt like that, but it kind of felt like an inhuman thing, so that in person, human connection was massively important.”* (YP4)

As YP4 shared, being with others with similar experiences enabled them to humanise the experiences they had. One can hypothesise this could counteract some of the internalised stigma they hold, allowing them to have an alternative, more compassionate view of themselves and others going through similar things.

Participants also shared that because voice-hearing is such a stigmatised experience, it becomes a *“taboo”* (GF2, GF4) subject. YP feel scared to open up about their experiences to others, as they worry about the reaction they will get:

> *“The amount of young people that have said that they haven't really felt able to talk about this stuff in any depth with anyone, because either their friends and family might be scared of them, or might think that they're gonna be dangerous, or they're worried about being put in hospital or put on medications and all this kind of stuff.”* (GF6)

This means YP are often left feeling *“alienated”* and *“pathologised”* (GF6) by others. Thus, HVGs provide a safe and non-judgemental space to finally talk about things they feel they cannot talk about with anyone else:

> *"They are able to talk about what their voices are like and what happens to them. Whereas you can't really rely on talking to other people like that. They think you're mad, wouldn't they?* […] *I always think if you've got a worry and you can't tell anyone about it, how difficult is that? And if it's something like hearing voices and you're frightened to tell anybody else, you know, it makes it worse, doesn't it?"* (GF3)

As GF3 described, not having a safe space like HVGs to talk about voice-hearing experiences can have a negative impact on YP's voices and overall wellbeing.

In addition, the shared experiences between peers in HVGs means that YP feel that *"someone really gets it"* (GF2) and allows for different types of conversations to take place:

> *"Being able to talk to people about something that you can hardly describe and have them say like 'I've experienced something similar'. You can actually talk to people on this completely different level, with this sort of shared understanding that is just not possible to get any other way really."* (YP4)

As YP4 described, the shared experiences become a common ground that does not exist when talking to people without that same lived experience. This is particularly pertinent for YP who may be having experiences that are not happening in other people's realities. Indeed, many participants described young voice-hearers often feeling invalidated by other people's responses, such as being told that their experiences aren't *"real"* (GF3, GF6).

Facilitators commented that the helpfulness of YP's HVGs also comes from YP being in a space where peers become role models. The age range within the 16-25 HVGs was seen to be beneficial:

> *"If you're someone trying to sit your GCSEs or someone who's trying to muddle through college, seeing people who are at uni or who have left uni and are in the world of work. Erm it can be really good and that can be quite nice to the young people."* (GF4)

These narratives in the HVGs can counteract the problem-saturated narratives YP will most often be exposed to, where hearing voices may be conceptualised as something that gets in the way of the life people want to lead. This can provide YP with hope, which at their stage of development is particularly important:

> *"Some young people are at the very start where they're finding their experiences are really distressing and they're trying to figure out what's going on. Other young people in the group are in a better place and they're still hearing their voices, but they're kind of managing them a bit more, so it can sometimes have that element of hope. Also, particularly when there are facilitators in the space that have their own lived experience. I think that's where it can be really important when they're sharing their lived experience."* (GF2)

As GF2 described, these stories of hope can also arise when YP attend HVGs with facilitators with lived experience who share their own stories, when appropriate, and can be seen by YP as adults who are continuing to live their lives despite their experiences of voice-hearing.

3.2.2. Making Sense of Experiences

Participants shared that attending HVGs does not necessarily reduce the frequency of YP's voices. Whilst traditional support often aims to establish a causal link between an intervention and reduction in voice-hearing experiences, this is not in line with the HVM ethos and does not mean that YP do not benefit from attending HVGs:

> *"So although, on paper, it could very easily look like it* [HVG] *wasn't beneficial in a way. Because I know a really nice little chart to have would be like 'hours attended in a group' and then 'amount of symptoms' or whatever.* [laughter] *That would be fantastic but it's so much more complex than that."* (YP4)

As YP4 highlighted, voice-hearing experiences are often part of a more complex picture. It is suggested that solely aiming for reduction in voice-hearing exemplifies a simplistic way of understanding these experiences.

Participants shared that YP engaging in meaning-making, i.e., making sense of and understanding their voice-hearing experiences, is a beneficial aspect of HVGs. Meaning-making appears to be a particularly important process for YP, in line with their stage of development. Compared to adults, YP are still at the height of exploring their identity and their understanding of the world around them:

> *"Young people just want to know what's happening to them. That's what they want. 'Why? Why is this happening to me? And how can I deal with it?'"* (GF1)

Thus, whilst voice-hearing experiences may not necessarily decrease in frequency as a result of attending HVGs, an increased understanding can still mitigate distress and be *"empowering"* (GF4) for YP. For instance, YP3 spoke of developing a different relationship to their voices which appeared to result in them feeling more in control of their experiences:

> *"Erm I'm less scared of my voices now, I'd say. Erm I don't think I'm as likely to listen to him* [the voice] *as I was before."* (YP3)

It is hypothesised that being in a shared space with peers can change YP's relationship to their voices. For instance, YP may receive responses from peers that come from a place of acceptance and curiosity, probably in stark contrast to usually more negative responses from others in their system. YP may internalise this way of relating to their own experiences, leading them to feel more accepting of and more in control of their voices.

Participants shared how meaning-making and changes in YP's relationships to their voices can simply occur from being in a space with others going through similar experiences:

> *"If there's this many people sitting in a room talking about, like their voices or whatever it is, then you kind of (.) It kind of counteracts that thing that he* [the voice] *does. That is like 'you're the only person in the world who is like this'. And like, it must be therefore an outside source and it's (.) But if you discuss with other people who have all these other things then maybe it isn't an outside source and it's actually just something that you're sharing in common, that's not, that's like, it must be coming from somewhere, but I don't think it's an outside source."* (YP2)

YP2 shared how attending HVGs counteracted a distressing aspect of their voice, which told them they were the only person like this, and led YP2 to challenge their frame of reference that this voice was an outside source.

Facilitators spoke of YP benefitting from HVGs being a safe space where, for example, they can use their preferred frameworks to make sense of their voices, rather than being told to relate to them in a particular way:

> *"I kind of saw them becoming a lot more confident and comfortable with using their own frames of reference and their own words to talk about what's been going on in their week, you know, anything they're experiencing."* (GF4)

The process of meaning-making also appears to be a shared one, due to YP having conversations in a group setting about how they understand their experiences, for instance by asking questions or gently challenging each other. As GF2 highlighted, the fact that HVGs are open to all frameworks of voice-hearing is beneficial to YP's meaning-making process:

> *"What can often be like really helpful actually, if there is quite a lot of difference within that group. So one young person might be bringing quite a spiritual understanding to what they're going through, but someone else might be thinking their experience is very much related to 'I've got a diagnosis of schizophrenia', for example. Erm or others might see it as 'no my hearing voices experiences are very much based on this traumatic incident that happened to me when I was younger'. So I think actually like even comparing sort of the differences between that, I think that's kind of helped them to figure out what it means personally for them."* (GF2)

Participants also shared that the content of conversations is not strictly related to voice-hearing, but rather led by what YP would like to talk about:

> *"They've been letting me talk about like some other stuff in the group that I've been going through. It's not just about like hearing voices. Like, if you're in distress, they let you talk about pretty much anything."* (YP3)

As YP3 shared, YP can discuss other things that may be distressing to them, and participants spoke about how this can influence their understanding of their voices:

> *"People often talk about other stuff that's stressing them and their life. Cause the other stuff that's stressing them out, obviously it makes the voices worse. So they can, you know, talk about these issues and come to some kind of resolution that help the voices."* (GF1)

This wider sharing of experiences helps YP to realise that voices often *“don’t occur in a vacuum”* (GF6) and to link other factors, such as *“self-harm, anxieties in school”* (GF4), to their distressing voices. Again, as this happens in a group space, YP can learn from each other’s sense-making.

Participants also shared that the meaning-making process does not solely happen in relation to voice-hearing but can also happen in relation to general thoughts, feelings and experiences:

> *“It's probably impacted it in the sense of like, you know, making me more aware of like my mental thoughts and wellbeing. I don't know if it's like improved things, but it's definitely made me think a lot more around (.) Erm I don’t know what the right word is but like. If you’re more mentally aware of your thoughts, I feel like it does improve things* […] *Just think like when you do know what's going on in your head a lot more, then it does improve sort of how you feel. Erm it doesn’t necessarily change anything but it's just being more aware of what's going, what's been going on for you.”* (YP1)

Thus, whilst YP may find it difficult to conclude whether HVGs improved their life, participants acknowledged that increased self-awareness and understanding had a positive impact. For some YP, this may be limited to their voice-hearing, for others it may relate to a more general impact on their wellbeing.

3.2.3. Sharing of Coping Strategies

HVGs were also seen as a helpful space for YP to learn from each other by sharing coping strategies for dealing with distressing voices:

> *“The coping mechanisms that they can provide and stuff like that. Like each of them* [group members] *have like different coping mechanisms. And that really helps to like see how other people like deal with different experiences.”* (YP3)

There was a sense from participants that this *“shared wisdom”* (GF6) showed YP that it would be possible to manage their distressing experiences and it gave them *“hope”* (GF1) that things could change for the better. GF3 described how these conversations of sharing coping strategies can take place within the groups:

> *"What sort of makes things better for you? And then that gives people that mindset that 'oh could I do things that help? Or do I do things that help? And what do other people do that helps?'"* (GF3)

Participants described how this sharing of coping strategies can be empowering as it is another way for YP to learn they can have more control over their voices:

> *"In the past a young person has said to another young person about when their voices get too much and they're trying to get on with their day-to-day life, like for example at school, they'll kind of say to their voices 'I can't talk to you right now. I'll talk to you later after school'. And that works for that young person. And so that then gave this young person sense of, maybe I can have this kind of dialogue with my voices."* (GF6)

In addition, participants shared that HVGs are not only a space to discuss strategies, but also to learn to cope with their voices by learning to sit with uncertainty and difficult feelings as fixing problems or suppressing of voices is not necessarily the focus:

> *"Just actually sometimes just sitting with the fact of how tough everything is and how horrible and awful things are and (.) That can be quite validating I think for them."* (GF2)

Thus, HVGs can be a space where YP feel validated by others and in turn can internalise this acceptance for their own circumstances. Participants shared that for many this appeared to shift the focus to wanting to learn to live alongside their experiences:

> *"My focus has been figuring out how to deal with* [the symptoms]. A*nd that's what the group has also been really helpful for. It's quite difficult but coming to terms with the fact that you can't change the symptoms or potentially can't change the symptoms. And switching your focus to changing everything else is very useful."* (YP4)

The sharing of coping strategies also appears to be particularly useful as it comes from YP with similar experiences:

> *"I think when young people could share what had worked for them as well, I think, coping strategies are better coming from people who've lived it rather than someone just making, you know, suggestions."* (GF5)

Whilst privileging lived experience is the essence of peer support, this felt particularly pertinent for YP as they are likely more responsive to other YP's suggestions due to their stage of development, in which they feel more understood by peers than by adults. Indeed, participants commented that this type of sharing of knowledge and advice seemed to work well for YP in the HVGs:

> *"I think young people really appreciate when advice is sort of given in that way. You know it's not like forceful. Like, 'right your experiences are to do with this, so therefore you need to try this'. Instead, it's very like 'this worked for me, you could try it. I'm going to share it with you' and I think yeah, loads of young people sort of comment like 'I think that's really helpful. I'm going to try some of these things.'"* (GF2)

As GF2 stated, this type of sharing may contrast with the type of advice, for instance *"being told what to do"* (GF6), more likely given to YP in other settings with adults and professionals. Indeed, the HVGs can be a space where this power differential is lessened, as facilitators are meant to hold, not lead, the groups, allowing peers to stand side by side.

3.3. Theme Two: HVGs in the Context of Other Support

This theme captured young voice-hearers' experiences of mental health support, which on the whole was experienced as lacking in numerous ways. In their desperate search for support, YP find HVGs and experience the core principles of agency and flexibility as helpful and empowering. Nevertheless, participants spoke of HVGs not being mutually exclusive to other types of support; rather there appears to be value in having access to multiple options. For HVGs to be an option for YP to try out, the groups need to be more widely available and systemic change needs to occur to better support young voice-hearers.

3.3.1. HVGs as an Alternative to Mainstream Support

There was an overall sense from participants that most YP attending HVGs had some form of contact with traditional mental health services and that this support tended to be poor in many ways. For instance, YP2 described their negative experiences of treatment in CAMHS:

> *"They didn't treat you like a person. They just treat you, like they treat you like a nuisance. And well at least my* [CAMHS]*. I can't vouch for every CAMHS, but also you're not necessarily your own person. You are your parents' child. They get to make the decision on what happens to you, and you get limited say"* (YP2)

YP2 highlighted a lack of agency in their care and feeling that they were not seen as a person. Specifically, YP are viewed as their parents' children, suggesting that decisions are not youth-led, and that CAMHS professionals will often make decisions following parents' wishes. A lack of person-centred care was also described by YP4 who experienced treatment within CAMHS as formulaic:

> *"They were very heavy on the sort of formulaic, this diagnosis equals this treatment equals this medication and like you see this person. And yeah, you can't question them, if you question them, you will get like accused of being noncompliant. And I got told that I was only fighting against them cause I didn't want to get better."* (YP4)

Thus, support for young voice-hearers in the NHS is experienced as based on diagnosis and treatment protocols, rather than being tailored to YP's needs and wishes. This lack of control also highlighted a power imbalance between YP and professionals, for instance YP4 described being silenced and criticised when trying to make their view heard. As GF3 stated, YP seemed to experience services *"as doing to them"*, rather than services being alongside YP in a collaborative way. This is shared by YP3, who described their experiences of coercive treatment in hospital:

> *"Whereas like hospital, just like they tried to sedate you and did stuff to you. It made you feel like you were (.) Half the time they called my hallucinations 'pseudo-hallucinations'."* (YP3)
>
> *"Okay. How did that make you feel?"* (Researcher)

> *“Ah it made me feel like s***.”* (YP3)

This extract highlights how young voice-hearers’ feelings are often invalidated by professionals which for some YP can result in harmful treatment from services. A recurring experience was YP not feeling heard and understood within services:

> *“I guess that with professional support I've got before, it's not really felt sometimes that the person gets me that much, whereas erm the groups are a lot more sort of understanding.”* (YP1)

This seems particularly pertinent for YP who are generally more likely to feel misunderstood by adults. Therefore, services not being collaborative could have additional negative consequences for YP’s engagement. As already mentioned in theme one, services can add to young voice-hearers’ sense of hopelessness due to the narratives that are told around voice-hearing:

> *“It's putting forward that you've got a lifelong career with this thing. Saying you can never recover. You gotta take drugs all the time.”* (GF3)

Thus, participants described how these overarchingly bad experiences of mainstream support made young voice-hearers and their loved ones *“desperate”* (YP2, GF5) for other forms of support which led them to finding out about HVGs:

> *“They came here as we were the last resort, you know.* […] *Desperation. It was desperation. They've been to CAMHS and they couldn’t help. I think it is absolutely desperation and they’ll just try this, I'll just try it.”* (GF1)

Participants described how the HVGs offer YP the opportunity to experience an alternative approach which overall seems to be more in line with how YP envision mental health support for voice-hearing:

> *“The Hearing Voices Group was better than all of them because they, like, actually listened to you and tried to help you.”* (YP3)

Participants commented on various benefits of the way that HVGs are set up and run, in contrast with mainstream support, which corroborated the literature supporting the ethos behind HVGs. As GF5 summarised, HVGs are rooted in agency, with YP being able to choose whether they want to engage with HVGs:

> *"Young people having choice and control and yeah, you are more likely to go to something that fits in with you and your life and that just because you didn't attend for three groups in a row and you're not gonna be excluded from services, you know."* (GF5)

Participants shared how having flexibility and control seemed to positively influence engagement:

> *"I think the flexibility definitely works because, from what I get a sense of young people, is that there's no pressure. That again, it's like a compulsory intervention. It's like something they're choosing to do, which I think really works to them."* (GF2)

Indeed, this flexibility appears to be particularly important for YP who are in a life stage where they may be used to being told what to do but are seeking autonomy and are experimenting with new things. The open-endedness and drop-in nature of HVGs was experienced as empowering for YP and as fitting better with YP's lives. This is the opposite of the often punitive protocols in the NHS where discharges due to non-attendance are common:

> "[HVGs are] *sort of take it when you need it, and no one's gonna be like no,* [Name]*, you've not turned up for 4 sessions".* (YP2)

Participants also spoke about the role of facilitators being pivotal in HVGs being safe spaces for YP, for instance by ensuring that everyone has a chance to speak and by adapting to group members' needs:

> *"Just giving regular intervals to allow people who are shy, who may have other health conditions that may impinge upon their ability to come out and say I want to talk about this, you know, just helping people along basically."* (GF4)

Despite the presence of facilitators, who tend to be older than the YP in the groups, HVGs aim to be peer-led and to promote collective ownership of the space. This is starkly different to most statutory settings where power imbalances often exist between the YP and the adults or professionals they have contact with:

> *"It has the adults in the space as the expert really, a lot of the time, we basically try to disrupt all of that, as facilitators we don't claim to be experts or have knowledge or to being a place to tell anyone what to do or anything like that."* (GF6)

In conclusion, it appears that the way HVGs are set up and run differs from traditional mental health support and is well-received by young voice-hearers.

3.3.2. HVGs as an Option of Support

Despite the sense that HVGs can be helpful to YP and represent an alternative way to support young voice-hearers, particularly those disillusioned by mainstream services, participants indicated that HVGs do not have to be mutually exclusive to other forms of support. There was an awareness that HVGs could be positioned as the new approach that was going to work for every young voice-hearer, but that is not the case:

> *"So it's not for everyone and that's very OK. And sometimes it gets seen as like the new thing that's gonna help everyone, and but it's not for everyone. And I think that's very valid and understandable."* (GF6)

Participants spoke of some YP potentially preferring other types of support. Group work was said to not be suitable for everyone and one-to-one support can have its benefits:

> *"I feel like when I'm talking in therapy that I can be completely honest. Because it's kind of like, it's their job to kind of help and things. So I find that a good help when I can access it."* (YP2)

Here YP2 shared that they feel more able to be completely transparent in individual therapy, as in HVGs they feel a responsibility to not share things that may worry or be unhelpful to other group members. The benefit of accessing peer support on a one-to-one basis was also suggested:

> "[…] *a sort of like a buddy system almost. Like you've got like one-to-one support rather than like a group. So you can go to someone who you kind of get on with.* […] *In a group it might be a bit more generic, and it's like a place*

> *to sort of share how you're feeling, but not necessarily, being like truly heard by every single person whereas I guess it's, with one person it's more like attentive and more like actively listening to you."* (YP1)

Overall, choice was seen as key for participants when it comes to availability of support. YP prefer having the opportunity to choose which type of support they may need at different points in time:

> *"I guess it just depends on what someone's looking for. Erm I personally think peer support is better for me at the moment because I've (.) I have had professional therapy in the past before and, I'm not really sure if like repeating that sort of thing would be beneficial"* (YP1)

Participants also mentioned a *"package"* (GF5) of care can be helpful, as some YP's needs require multiple avenues of support. YP4 shared that it would not be enough for young voice-hearers to have only HVGs, but that it was neither adequate not to have access to support based on lived experience:

> *"I don't think a support group on its own would be adequate. But I also don't think that just seeing a psychiatrist, or therapist, who didn't actually have personal experience would be adequate either. I think the balance is what's important."* (YP4)

This extract highlights how the ethos of HVGs is based on lived experience, whereas in other types of support YP are less likely to engage with someone with lived experience of voice-hearing, it being more unlikely that professionals would disclose possible lived experience.

There was an understanding from participants that voice-hearing does not occur in isolation and that for many YP other factors in their context may be impacting them:

> *"I also don't think anyone would find* [HVGs] *that helpful without a whole load of other things in their environment. Because actually, if you didn't have somewhere to live, if you were being excluded from school, if you're in and out of inpatient, you know, the nicest, most supportive peer support group in the world (.) Actually there's a limit to what that's gonna do with your relationship with voices, your level of stress, how you feel you can cope."* (GF5)

Thus, HVGs should not be expected to solve all of YP's problems or to have an impact on voice-hearing experiences, particularly if YP's basic needs, including housing, education and stability, are not met.

In addition, YP exist within systems that tend to respond to and conceptualise voice-hearing in certain ways. There was an awareness of the limits of HVGs without systemic and cultural changes. It was suggested that more awareness of voice-hearing in YP in schools and traditional services would hopefully increase other people's confidence in responding differently to YP who hear voices. If these changes were not to happen, participants said that the discrepancy between the response YP receive in HVGs and from other systems may be confusing:

> *"It can be really hard for young people to go to a group where there's all this discussion around, you know, voices are on a spectrum of experience and they're related to trauma. And then you go and see your psychiatrist who's like 'no, it's a symptom of your mental illness.'"* (GF5)

Overall, there was a sense from participants that for YP to be able to try out HVGs to see if they work for them, *"there should be more groups"* (GF3):

> *"Everyone going through it should have access to* [HVGs]. [...] *I don't think they're widespread enough. I've talked to a lot of people on these like online groups kind of things. And hardly anyone attends like an actual group where you get to talk to other people.* […] *That's been very positive for me and I don't think anyone should not be able to (.) Like I think everyone should have the option to join."* (YP4)

In conclusion, HVGs for YP need to be more widely available and accessible.

3.4. Theme Three: Accessibility of HVGs

This theme captured an awareness from participants that, irrespective of the need for more HVGs as an option for YP, there are challenges regarding access to existing HVGs for some YP. This spans from individual factors and preferences to more systemic barriers and challenges to the underlying HVM framework.

3.4.1. Barriers to Engagement

Participants identified several barriers that may hinder YP accessing HVGs. Sometimes YP want to get support but there may be aspects of their voice-hearing that make help-seeking difficult, such as voices that are controlling:

> *"I think a lot of young people want to get some support and help, but their voices are quite intense, and it can be that the voices themselves are actually not letting them join a space. And their voices don't want them talking about them in a space, if that makes sense. Or they're really scared to start talking about voices."* (GF2)

As GF2 described, even once YP have joined a group, they may struggle to talk about their voices, depending on what their voice-hearing experiences are like. As participants have highlighted, it is key to be led by YP and give them agency on what they feel comfortable talking about, in the hope that with time they build trusting relationships within the group.

Several factors related to YP's anxieties around meeting new people and being in group settings were identified as potential barriers. Whilst the structure of HVGs was seen as a positive aspect promoting engagement, participants commented that some YP may struggle with joining a non-manualised and open-ended group:

> *"I feel like it's hard to, obviously, get the same people every single time. I guess it's just the nature of* [HVGs]*, you know, they can be very sort of uncertain at the start because you don't know everyone. So it's difficult to know like how comfortable you're gonna be until you actually attend it."* (YP1)

As YP1 reflected on, the drop-in nature of the groups means there will not be a consistent group of people present in each session which may be anxiety provoking for some. Participants commented on how online groups have helped in this respect, as some YP appear more confident joining virtually than in person:

> *"The ones I've been to have been online. Because I've got sort of, you know, I have quite bad like anxiety when it comes to meeting people in person. So yeah, and I feel more comfortable with it being online."* (YP1)

Indeed, the fact that YP can choose to have their cameras on or off during online sessions was seen as promoting initial engagement:

> *“I think that's why a lot of them initially join with kind of cameras off and things. So I think it's about maybe just being a bit cautious of maybe others and just trying to get a sense of what is this group like about and can I trust everyone and can I be myself.”* (GF2)

This extract once again highlights that YP may have understandable worries about being around others. It is hypothesised that these worries may be heightened in a space that is set up to talk about voice-hearing, meaning they may need time to trust the other YP and understand the intentions of the group.

Participants commented on other benefits related to online HVGs, i.e., the possibility to join from anywhere, whereas attendance at face-to-face groups is reliant on YP’s ability to access the space:

> *“Now that we're* [online]*, it's a lot easier in a lot of ways, because when we were running the face-to-face group, it was very poorly attended because you had to be local to* [location], *you had to be able to get to that physical building.”* (GF4)

Thus, online groups were seen as having *“opened up accessibility”* (GF6), particularly by being more inclusive to YP with disabilities or additional needs.

Nevertheless, there was an awareness from participants that online groups are not without their faults and that what may help some YP engage may be detrimental to others:

> *“Where people have their cameras off and it's loads of disembodied voices, that can potentially be triggering for your own voices, because it's just another voice that you can't see a body attached to, that you can't see lips moving to.”* (GF4)

As GF4 described, the loss in body language and not being able to see people’s responses may bring specific challenges to YP with voice-hearing experiences, that are not relevant in other settings.

Ultimately, participants identified advantages and disadvantages of both online and face-to-face groups. Participants highlighted the importance of YP being able to choose which option suits them best, particularly as YP may be going through frequent transitions. For instance, YP4 said that they could only continue to join their HVG because it was online due to changes in their circumstances:

> *"I definitely preferred the in person* [group]*, but the convenience is a lot better for the current* [online group]*."* (YP4)

Facilitators spoke of a variety of challenges to maintain YP's HVGs, for instance *"a lack of funding"* (GF2), as many HVGs are not part of statutory services but are independently run or part of a charity.

Participants also shared challenges that appeared related to YP's stage in life. YP were described as more reliant on their parents to access support, meaning they may be unaware of what support is available. In addition, weekly groups were seen as less suited to YP's lives:

> *"I can see why a weekly peer support group as an adult, or for some adults, it's much easier to get to and fit in with your life, whereas young people, you're either reliant on your parents or you have so much going on or everything's very unstable."* (GF5)

There was a sense that regular HVGs for YP are difficult to sustain. YP were seen as being more likely to only access support when they need it and more likely to move on from HVGs, in accordance with the transitory nature of adolescence and young adulthood:

> *"What happened was that the young people who were coming, left us. They got better and they managed their experiences and left us. And like went away and just left us and got on with their lives."* (GF1)

Whilst no longer needing to access HVGs was framed as positive for YP, it highlighted differences with adult HVGs that may have more regular and long-term attendees compared to YP's groups.

YP are in a stage of their life where peer relations and fitting in socially are particularly important, and participants spoke of interpersonal dynamics which can arise between YP that can make it challenging to build a cohesive group:

> *"But actually, a lot of young people seemed to prefer just being on their own with me. So that was tricky building a group and, you know, somebody comes*

> *out saying ‘I know her, I don't like her’ or they just wanted your attention.”* (GF3)

This extract highlighted possible conflicts YP may face, where they seek peer support as they feel more understood by peers but also long for adult input and individual attention.

Thus, participants agreed that the open-endedness and flexibility of HVGs is particularly suited to YP but GF participants added that HVGs can sometimes be difficult to sustain due to YP’s life stage and the many transitions they go through.

3.4.2. HVGs Can Be Excluding

Participants also spoke of challenges to accessibility linked to the HVGs’ underlying ethos of being open to all frameworks of voice-hearing. As discussed in the subtheme ‘making sense of experiences’, the openness to multiple frameworks can be beneficial for YP’s meaning-making and can, as YP4 stated, lead to more people joining the groups:

> *“It makes people a lot more comfortable being able to have their own explanations for it and I think we have more people in the group as a result.”* (YP4)

On the other hand, participants shared that this can also bring dilemmas within the groups as at times YP may have opposing views:

> *“I think we had a clear ethos, you know, set by the Hearing Voices Network, and that was very much our kind of broad approach. So everyone could feel included, but within that, making sure that somebody’s perspective didn't sort of inadvertently kind of exclude someone.”* (GF5)

Thus, whilst the HVGs aim to be inclusive to all experiences and understandings of voice-hearing, this may be hard to achieve. Participants mentioned that medicalised and spiritual understandings sometimes clash. For instance, YP2 described occasions where they felt uncomfortable receiving spirituality advice as this did not align with their own frame of reference:

> *"Sometimes you get spirituality advice. I have to sort of be like 'Mm-Hmm'* [nodding]*. Not really my thing, but it's obviously someone who's talking to you that's clearly their thing."* (YP2)

As YP4 described, the way that HVGs try to manage this tension is to have ground rules where people only speak from their own experience:

> *"I think that allowing people their own explanations, that can work, but the 'not pushing it on others' really does need to be enforced."* (YP4)

Participants said that the group facilitators helped to enforce the ground rules but highlighted at the same time the collective ownership of HVGs, with group members often successfully self-managing the safety of the groups.

There was also an awareness that accessibility of HVGs may be affected by the language used, such as terminology of voice-hearing:

> *"So even with saying like 'hearing voices groups', which doesn't say like it's a group for people with psychosis or it's a group for people with certain labels. But even the term 'hearing voices' can still be too definitive and kind of make people feel like they need to delineate their experiences from voice-hearing."* (GF6)

Indeed, voice-hearing was framed as an umbrella term for different types of understandings and experiences, which unfortunately could still be excluding. Cultural differences were identified as potentially being a factor in this:

> *"I think there are definite cultural barriers. Erm where some people, they feel like they just need to pull themselves together and get on with things and not have that support. Or again, that they don't want to, not necessarily embrace, but they don't want to even go near being identified as a voice-hearer."* (GF6)

Lastly, some participants noted that HVGs could be a predominantly *"White-centric space"* (GF6) which makes them hard to access for racialised YP:

> *"When we had a facilitator who had lived experience* [who was a Black man], *I think we must have on the publicity shared his picture and a bit about him. You know, we had lots of black boys coming to that workshop, who we didn't*

> *have particularly coming to any of our other groups, so I think that kind of representation really matters."* (GF5)

Facilitators implied that racial representation within HVGs seems to positively impact engagement:

> *"*[Young people] *are like 'oh, there's that brown person on screen and she hears voices and my brown family won't talk to me about voices. So I'm going to talk to this brown person about voices'".* (GF4)

As described by GF4, racialised young voice-hearers may identify more strongly as peers among other racialised people, due to additional experiences they may share. As already mentioned within theme one, there are multiple factors that influence who YP consider as their peers that go beyond being voice-hearers and intersect with other aspects of YP's identities.

4. DISCUSSION

4.1. Chapter Overview

This chapter will discuss the findings of this study in relation to the literature and the research questions. Clinical and research implications will be outlined. Research limitations and quality will be reviewed before offering concluding remarks.

4.2. Summary of Findings

This study aimed to explore YP's experiences of HVGs by interviewing young voice-hearers and group facilitators, resulting in rich and diverse data. This richness can be partially attributed to having interviewed two groups of people, each potentially having brought their unique perspective on HVGs.

The findings suggest that HVGs are helpful spaces for YP for several reasons. The benefits appear to be related to processes which enable sharing between peers and camaraderie in the midst of an often stigmatised experience. The ethos of choice seems to promote engagement, in contrast with more negative experiences of traditional mental health services, and points to the importance of HVGs being an option to young voice-hearers within a wider network of support. Participants also shared barriers to attendance and engagement, highlighting some potentially unhelpful aspects of HVGs for some YP. The ephemeral nature of adolescence and young adulthood was seen to align with the flexible structure of HVGs while also being a challenge for the sustainability of groups.

Participants identified how HVGs can positively impact YP, such as by supporting meaning-making and coping with voice-hearing experiences. Whilst participants did not use the term 'quality of life', the impact of HVGs seems to extend beyond voice-hearing experiences to more general wellbeing. There was an awareness that the impact of HVGs is dependent on YP’s contexts, with systemic change in the understanding of voice-hearing needed to support young voice-hearers better.

4.3. Contextualising the Research Findings

As per Reflexive TA, the themes generated represent one way to interpret the data and tell one possible story through the eyes of the researcher (Braun & Clarke, 2021b). Whilst the research questions were held in mind, they developed throughout the research process. Importance was placed on amplifying YP’s perspectives on HVGs in order to add to the available evidence-base which is predominantly based on adult experiences. The findings will now be examined in relation to the existing literature.

4.3.1. Research Question 1: What Do YP and Group Facilitators Think Is Helpful and/or Unhelpful About Attending YP’s HVGs?

The findings suggest that HVGs can be helpful for YP, although some unhelpful aspects for some YP were identified. This appears to be in line with the adult HVGs literature indicating that there are specific processes and aspects of how HVGs are run that lead to benefits emerging for attendees (Hornstein et al., 2020, 2021; Payne et al., 2017; Schaefer et al., 2021).

4.3.1.1. Theme one: Power of sharing between peers

On the whole, this theme reflected the literature on both adult HVGs and YP’s peer support groups suggesting that sharing a space with peers can be helpful in a myriad of ways.

The subtheme ‘counteracts isolation and stigma’ corroborated previous research documenting YP are cognisant of the stigma surrounding voice-hearing and how this influences their voice-related distress (Parry et al., 2020; Parry & Varese, 2020). Participants talked about how the dominant negative narratives in society about voice-hearing can be internalised by YP, with GF participants specifically expressing worries around YP being exposed to narratives rooted in the medical model that are suggestive of abnormality and a lifelong trajectory of illness (Bampton, 2012). These findings are in line with the extensive research showing the negative impact that stigma can have on wellbeing (Corrigan, 2000; Thornicroft et al., 2022). For YP in particular the impact may be heightened, and have longer-term consequences for their sense of self, as they are in the midst of identity development (de Beer et al., 2022).

Given the taboo surrounding voice-hearing, participants reported that young voice-hearers often feel they are the only ones with these experiences; a feeling shared by many YP who have other stigmatised experiences (Davidson et al., 2019; King & Simmons, 2023). Indeed, isolation is thought to be a contributing factor to distress in young voice-hearers (Rammou et al., 2022). Participants saw value in HVGs providing YP a safe space to meet similar others. This is consistent with the literature on adult HVGs and peer support groups that indicates their helpfulness in decreasing isolation and loneliness (Beavan et al., 2017; Davidson et al., 2019; Dos Santos & Beavan, 2015; Hayes et al., 2014; King & Simmons, 2023; Oakland & Berry, 2015). The Social Identity Theory (Hogg, 2016; Tajfel, 1974) provides a framework to understand the underlying process, explaining how people’s identity is linked to group membership. Participants shared that being with peers has the power of humanising voice-hearing experiences, resulting in feeling less alienated and increasing a sense of belonging (Halsall et al., 2022). Furthermore, sharing a space with people who are at different points in their journey allows alternative narratives to emerge that are rooted in hope, reflecting previous literature (Beavan et al., 2017; Hayes et al., 2014; Oakland & Berry, 2015). Participants said the 16-25 age group was beneficial as people within the youth age bracket are perceived to be more relatable and understanding than adults (de Beer et al., 2022). Participants spoke of group facilitators with lived experience as potential sources of inspiration, corroborating research showing the benefits of peer support workers in YP’s mental health settings (de Beer et al., 2022; King & Simmons, 2023).

Within the same subtheme, participants spoke of HVGs giving YP a space to share things they do not feel they can talk about to anyone else, both in relation to voice-hearing experiences and distress more generally, echoing research into adult groups (Dos Santos & Beavan, 2015). The common ground between peers was thought to be particularly important for voice-hearers, as they may be experiencing things that do not exist in other people's realities, making it harder for those without a similar lived experience to fully understand what they are speaking about (Sheaves et al., 2021). This points to the helpfulness of HVGs as young voice-hearers have been found to not talk about their voice-hearing experiences (Parry & Varese, 2020) and be reluctant to seek help (Parry et al., 2020). Overall, YP are found to be less likely to confide in adults (Padilla-Walker et al., 2018), and more likely to speak to peers and friends about their worries (Reavley et al., 2011).

A diversity in experiences of HVGs within theme one highlights it is important not to make broad claims about the helpfulness of HVGs. Participants noted that the benefits of HVGs are reliant on group cohesion, reflecting findings within the wider literature on mental health groups (McGill et al., 2017; Weinberg, 2021; Yalom & Leszcz, 2005). In particular, participants warned of the danger of assuming that YP will automatically identify as peers solely because they share experiences of voice-hearing. The complexities of who is perceived to be a peer were accentuated in a GIDS group (Davidson et al., 2019): the authors hypothesised that female identifying YP had stopped attending the group as they had been a minority in the group and may have perceived male identifying group members as too dominating or different from them, despite on paper having shared experiences of transitioning. Furthermore, as HVGs are open to YP with a range of experiences deemed extreme or unusual, not all attendees will share experiences of voice-hearing. Whilst this was not explicitly discussed by this study's participants, this echoes a dilemma within the HVM of whether groups should have a narrow focus on voice-hearing or a broader focus on other types of sensory and extreme experiences (Jones et al., 2016). Holding an intersectionality framework (Crenshaw, 1989), individuals' experiences are formed by multiple dimensions of possible oppression and disadvantage. Some YP may hold multiple marginalised identities, i.e., stigmatised voice-hearing experiences may intersect with their race, ethnicity, gender, ability and so on. Consequently, HVGs may not feel like accessible and safe spaces for all young voice-hearers.

4.3.1.2. Theme two: HVGs in the context of other support

This theme illustrated how participants positioned HVGs in the context of other forms of support. These findings add to the limited literature available on how to optimally support young voice-hearers (Maijer et al., 2019).

Within the subtheme ‘HVGs as an alternative to mainstream support’, participants spoke of predominantly negative experiences of mental health services, echoing Kapur et al.'s (2014) study looking at YP’s experiences of CAMHS support for voice-hearing. Participants shared that YP are not given agency and control over their care, with support not being person-centred and often diagnosis based. Participants shared YP and their families are left “desperate” which leads them to ultimately find and try out HVGs. As Longden et al. (2018) concluded, HVGs appear to be a type of support people have not experienced before, with the ethos underlying HVGs being more in line with how YP envision support (Kapur et al., 2014). The adult HVGs literature has consistently found that people value the open-endedness and collective ownership of HVGs (Dos Santos & Beavan, 2015; Oakland & Berry, 2015). Thus, HVGs can be seen as an alternative for people who experience mainstream healthcare as unhelpful and, sometimes, harmful (Dillon & Hornstein, 2013). YP having a choice to attend HVGs, and these not being mandated interventions, appeared to be key in promoting engagement and empowerment (Hayes et al., 2014). Some participants suggested agency is pertinent for YP, as they are in a stage of life where they are seeking independence and control over their lives (Arnett, 2000). The present study connects with the wider literature that suggests peer support may be a way to increase YP’s engagement with mental health support (Richard et al., 2022).

Within the subtheme ‘HVGs as an option of support’, participants voiced that HVGs may not work for everyone and again highlighted the value of YP being able to choose what type of support they engage with and when. Participants noted that HVGs do not necessarily have to be an alternative to mainstream mental health support but could be positioned as an option within a package of care for YP, that may also include psychology, psychiatry, and education support (Kapur et al., 2014; Mayer et al., 2022). Indeed, participants offered their own differing ideas of what YP might find more helpful at different times, some indicating individual peer support, others speaking positively about their experiences of individual therapy.

The lived experience element of HVGs seemed to be the ultimate reason why HVGs should be available to young voice-hearers. Across both subthemes, participants spoke of young voice-hearers feeling misunderstood and invalidated by professionals, in contrast with feeling heard and understood within HVGs (Hayes et al., 2014). There was a sense from participants that YP would not gain the lived experience element when engaging with professionals as it is generally discouraged in mental health professions to make personal disclosures, including experiences of distressing voice-hearing (King et al., 2020).

Overall, participants called for HVGs for YP to be made more available so YP can benefit from having the choice to see if HVGs are helpful for them (Kapur et al., 2014). This may mean that HVGs become more affiliated with mental health services, in line with the NICE guidance (2016) recommending that young voice-hearers have access to community and support groups. Whilst there are worries within the HVM about the embedding of HVGs in mainstream services (e.g., Styron et al., 2017), this did not stand out as a prominent dilemma in the study’s interviews. Of note, all four YP and all six GF participants were involved in non-NHS HVGs, suggesting this is not at the forefront of their minds.

4.3.1.3. Theme three: Accessibility of HVGs

This theme demonstrated how several individual factors make HVGs unsuited for some YP, including a misalignment with the HVM ethos.

Within subtheme ‘barriers to engagement’, participants identified several barriers that may make accessing HVGs challenging for some YP. As previously reported by Bogen-Johnston et al. (2019), the voices themselves may stop people from seeking help, highlighting the difficulty of how to best encourage YP to seek help despite the intensity of their experiences. Participants spoke about anxieties related to group settings, as reported by Dos Santos and Beavan (2015). The drop-in and non-manualised nature of HVGs may mean these groups are even more anxiety-provoking, with some YP potentially preferring more structured groups, suggesting

HVGs are not suited to all YP. However, supporting YP when they start attending HVGs could help as worries related to being in a group may lessen as YP become familiar with the group's structure and intentions.

The topic of virtual HVGs was present across the dataset. They became an option as a result of the COVID-19 pandemic, whereas before groups typically only met face-to-face (HVN, 2020). There was diversity in opinion on the benefits of virtual HVGs, with an overall sense that both face-to-face and virtual groups have their pros and cons, reflecting debates within the wider mental health literature (Weinberg, 2021). Given YP are high consumers of the internet (ONS, 2021a), it may be that online HVGs are more accessible, or preferable, to YP compared to older individuals. On the other hand, online groups could be triggering for some voice-hearers as they replicate experiences of disembodied voices when attendees have their cameras turned off. This is an important finding for facilitators to consider when running virtual HVGs.

Within the same subtheme, participants highlighted difficulties that seem to be specific to YP's HVGs. Whilst the flexibility of HVGs appears to be in line with YP's stage of life, where they seek independence and choice, GF participants indicated that this flexibility makes maintaining YP's HVGs challenging. Indeed, two GF participants shared that their respective YP's HVG stopped running after no longer having a regular group of attendees. There was a sense that, as adolescence and young adulthood are characterised by change and transitions, YP may access HVGs only when they need it, whilst adults may attend on an ongoing basis, feeling a shared responsibility to support others. Lastly, as discussed earlier, group dynamics may be more complex in YP's HVGs, as some participants suggested that YP may prefer having one-to-one adult attention or may struggle to integrate in a group based solely on having shared voice-hearing experiences.

Within the subtheme 'HVGs can be excluding', participants alluded to critiques of the HVM framework which may make HVGs unhelpful to some YP. Whilst the openness to all frames of understanding of voices was positioned positively by participants, for instance it was associated with increased attendance, it was suggested that the HVM can be conceptualised as a framework in its own right that not everyone will align with (Jeffs, 2012; Woods, 2013). Participants also spoke of challenges that arose when clashes in understandings occur between attendees, for instance when individuals impose their views on others or when frames of reference appear to be mutually exclusive.

Interestingly, spiritual understandings were mentioned by two YP participants as making them feel uncomfortable. This could be accounted for by none of the YP participants in the study appearing to ascribe to a spiritual understanding of voice-hearing; limitations of the study's sample will be discussed further in section 4.5.1.3. In addition, it could be explained by this study being UK-based, a country which is increasingly non-religious (ONS, 2021b), in which voice-hearing and mental health are predominantly conceptualised within medical and Eurocentric frameworks (Fernando, 2017). Indeed, the HVM itself was born within a Eurocentric context, meaning it may inadvertently exclude certain understandings of voice-hearing, making HVGs inaccessible for some. For instance, some GF participants described HVGs as "White-centric spaces", suggesting that a lack of representation may be a barrier to engagement for racialised YP. Given the consistent findings that Black adults who hear voices face harsher treatments by mental health services (Keating, 2021; McManus et al., 2016; NHS Digital, 2022), it may be unsurprising that Black individuals may be less likely to come to HVGs and talk openly about their experiences, as they risk being treated poorly.

4.3.1.4. The role of facilitators in HVGs:

Across the themes, findings related to the role of facilitators were present. Facilitators, who were not the focus of the research but could be the subject of a separate study, appear to be pivotal in how HVGs are run. Facilitators are important in maintaining a safe space, for instance by ensuring group members follow the ground rules (Dos Santos & Beavan, 2015). All YP participants spoke positively about the role of facilitators. Participants associated group cohesion with the helpfulness of HVGs; it may therefore be beneficial if facilitators of YP's HVGs put group dynamics at the centre of their attention, given that peer and social relationships are particularly important and complex in YP's stage of life (Roach, 2018).

The age difference between YP and group facilitators was not commented on by YP participants, suggesting this may not be an issue for them. There was no clear consensus on whether facilitators should have lived experience of voice-hearing, echoing findings within the HVM (Dillon & Hornstein, 2013; Jones et al., 2016).

Participants spoke of facilitators being part of the groups in a way that flattens hierarchy, with facilitators not positioning themselves as experts. GF participants acknowledged the groups are not for them and that they are led by the YP. Interestingly, a YP participant spoke of valuing therapy as they felt it was the therapist's job to help them. This may suggest that YP do appreciate professionals having a more expert and active role in helping in other contexts; again highlighting the importance of YP having a range of support options available.

4.3.2. Research Question 2: What Do YP and Group Facilitators Perceive the Impact of HVGs To Be on YP's Qualify of Life?

During the research process, a new, more appropriate question emerged, namely 'what is the perceived impact of HVGs on YP?'. Indeed, participants never spontaneously used the terminology 'quality of life'. The original phrasing of the question was likely influenced by working within NHS settings that often utilise target driven language and gathering of evidence around outcomes (Keetharuth et al., 2018).

4.3.2.1. Theme one: Power of sharing between peers

This theme demonstrated that overall participants thought HVGs can positively impact YP's lives, though this may be hard to quantify, and can extend beyond voice-hearing experiences.

Within the subtheme 'making sense of experiences', participants commented on the complexity of voice-hearing experiences, explaining why HVGs often do not have a direct causal impact on reducing or eliminating voice-hearing experiences. Most mainstream clinical interventions, which are aligned with positivist research methods, will be aimed at suppressing voice-hearing (Corstens et al., 2014), but this is not reflective of the HVM ethos which does not position HVGs as a clinical intervention

(Romme & Escher, 2012). Participants spoke positively of HVGs enabling meaning-making and living alongside experiences.

The findings corroborated previous literature suggesting that meaning-making is a particularly important process for YP, who are in the midst of developing their sense of self and of the world (Blakemore, 2008; Pachucki et al., 2015). The HVGs appear to be safe and useful spaces for YP to start making sense of their voice-hearing experiences. This echoes findings within the adult HVGs (Beavan et al., 2017; Dos Santos & Beavan, 2015) and YP's peer support groups literature (King & Simmons, 2023). The meaning-making process within HVGs seems to happen in several ways. Participants spoke of YP benefiting from being around similar others, as this counteracts the impression they are the only ones with these experiences, which in itself can reduce the intensity of voices. The openness to multiple frameworks within HVGs appears to promote sense-making: no particular framework is imposed on YP, which results in some YP feeling they can explore their own understandings safely. The process of intergroup discussions around meaning-making from different perspectives can shift individual YP's understanding of their own experiences. Increased meaning-making within HVGs is an important finding as evidence suggests that YP who formulate an understanding about their voices seem to have lower voice-related distress (Parry et al., 2020; Parry & Varese, 2020). Participants in the present study spoke of meaning-making resulting in feeling more empowered and more in control of their experiences, echoing findings suggesting that voice-related distress is influenced by YP's appraisals of their voices related to omnipotence and dominance of voices (Bampton, 2012; Cavelti et al., 2019, 2020; Maijer et al., 2017; Parry & Varese, 2020; Rammou et al., 2022).

Within the same subtheme, participants spoke of appreciating the opportunity to talk about other distressing matters within HVGs. This seems to promote sense-making in itself, as YP learn that their voices do not occur in isolation and that other aspects of their lives can influence their voices (Parry & Varese, 2020). Participants also shared that HVGs have a positive impact on their general wellbeing due to increased self-awareness and sense-making that extends beyond voice-hearing experiences.

Within the subtheme 'sharing coping strategies' participants identified how learning new ways to manage distressing experiences can positively impact YP, corroborating the literature on adult HVGs (Beavan et al., 2017; Longden et al., 2018; Oakland & Berry, 2015) and YP's peer support groups (Hayes et al., 2014; King & Simmons, 2023). Participants spoke of the "shared wisdom" within groups whereby attendees are more likely to take on board advice and new strategies coming from people with shared experiences (King & Simmons, 2023), again highlighting the value of the lived experience element within YP's peer support (Halsall et al., 2021). It was further suggested that YP benefit even more from being side by side with peers, as YP are found to struggle with receiving advice from adults due to apparent differences in life stages (Gopalan et al., 2017). Participants also spoke of the value of sharing strategies in the spirit of choice, rather than YP being told they must engage in specific interventions. Lastly, participants spoke of the impact that feeling accepted can have on YP. It is hypothesised that being in a space where YP feel validated and receive accepting responses from others may influence their own self-acceptance (Oakland & Berry, 2015). It appears that HVGs do not solely focus on YP learning new skills to decrease voice-hearing, but rather on enabling YP to live alongside their experiences. This again suggests the importance of the underlying HVM ethos that shapes HVGs.

One of the few differences with findings in the adult HVGs literature is that participants in this study did not speak specifically about YP feeling more able to talk about their voices outside of the HVGs (Beavan et al., 2017; Dos Santos & Beavan, 2015). This may be unsurprising given that YP have been found to refrain from disclosing their voice-hearing to others (Parry et al., 2020), possibly because YP are thought to have heightened sensitivity to the judgement of others (Blakemore & Mills, 2014).

4.3.2.2. Theme two: HVGs in the context of other support

Within the second theme, there was an awareness from some participants that the extent to which HVGs impact YP is based on contextual factors. Drawing from the Ecological Systems Theory (Bronfenbrenner, 1979), YP exist within a multi-layered system of relationships, from close family, communities and services, to societal values and historical circumstances. Thus, voice-hearing experiences are influenced by the quality of YP's environments, meaning HVGs may have a limited impact on

YP if their context is lacking or harmful in some way. In addition, GF participants felt that other parts of YP’s systems, such as schools and mental health services, should become better equipped at understanding voice-hearing experiences and supporting YP (Garralda, 2015; Hayes et al., 2014). Given what is known about YP being influenced by systemic responses to voice-hearing (Escher et al., 2002; Mayer et al., 2022; Parry et al., 2020), this has important implications for systemic changes within clinical practice.

4.4. Implications

There are multi-level implications to this study which will now be explored in depth.

4.4.1. Clinical

At the individual level, several recommendations can be made to support young voice-hearers better. Given the multiple benefits associated with HVGs, these groups should be made more widely available to YP to ensure a greater number of young voice-hearers can benefit from them. This does not necessarily mean solely increasing the number of YP’s HVGs, but also making changes to current groups to ensure they are more accessible as well as raising the awareness of the existence of YP’s HVGs. This recommendation is in line with the existing NICE (2016) guidance stating that YP with psychosis should be signposted to community and support groups. Yet, there was an understanding from participants that not everyone would benefit from HVGs, individual peer support being potentially a better option for YP who do not feel comfortable in group settings. Offering individual peer support within NHS services or by organisers of community-based HVGs could be an option, as could be the introduction of a buddy system to make new attendees of HVGs more comfortable joining a group.

The findings suggest that the HVM ethos and the way HVGs are run are perceived as helpful. This results in recommendations to clinical psychologists and other mental health professionals on how to provide support for young voice-hearers. YP value being given choice and agency in their care and ultimately want to feel understood and heard by others. YP should be given the space to talk about and make sense of their voice-hearing experiences without being imposed a particular frame of understanding. Lastly, the flexibility of HVGs seems to be well suited to YP's stage of life and promotes meaningful engagement. These recommendations feel important as participants in this study shared that mental health services were lacking in many ways, which is in line with previous research with young voice-hearers (Kapur et al., 2014). Improving the ways that we support YP who hear voices or experience mental distress is imperative given the reported rise of CYP with mental health difficulties in the midst of already stretched mental health systems (Griffin et al., 2022).

4.4.2. Policy- and System-Level

Given the recommendation to make HVGs more available and accessible to YP, this may entail that HVGs will become more entrenched in traditional mental health services. How to ensure that HVGs stay true to their ethos is an ongoing dilemma for the HVM (Styron et al., 2017). The NHS will typically commission interventions based on evidence that they result in symptom reduction or have a similar quantifiable impact on people's wellbeing. This raises questions about how funding of HVGs will be justified as these groups are not outcome-focused and do not position themselves as clinical interventions.

The findings suggest that HVGs should not necessarily replace all other forms of support. Regardless of the helpfulness of HVGs, YP should be given a range of options of support, with some young voice-hearers potentially requiring a package of care. This is an important recommendation to highlight in the ongoing context of austerity where cost-cutting policies are present (Marmot et al., 2020). Commissioners may be tempted to strip down support options for YP and position HVGs as the sole cost-effective solution in supporting young voice-hearers. However, making HVGs a mandated intervention for young voice-hearers could counteract the benefits that arise from being given agency in attending and from the collective ownership of the groups. This study highlights how policies relevant to young voice-hearers need to promote choice in the support available.

At a systemic level, participants noted how young voice-hearers do not exist in a vacuum; rather, societal understandings of voice-hearing will impress on individual-level understandings. Consequently, HVGs may have limited power in creating change for YP. Clinical psychologists could have a role in developing destigmatised understandings of voice-hearing in YP's wider networks, for instance by promoting contextual formulations within mental health services or raising awareness within schools. This would hopefully have a positive ripple effect on all YP, including young voice-hearers who may not have access to or choose not to engage in HVGs. Furthermore, clinical psychologists should be actively involved in changing the societal discourses around voice-hearing, given the findings suggesting that YP are highly impacted by voice-related stigma. This could entail working with the media and improving the online information that is available to YP and the general public. Work by psychologists has already been done in this field, for instance the BPS (2020) has published an accessible guide for understanding psychosis for YP and their supporters. Psychologists were also involved in a co-produced video for schools aimed at improving their understanding of how to support students with voice-hearing experiences (Science Animated, 2019).

4.4.3. Research

It is hoped this study will result in further research into YP's HVGs. As noted by the participants themselves, there is a tendency to needing to evaluate HVGs using positivist research methodologies. Therefore, researchers need to consciously aim to conduct their studies following the HVM ethos. This may involve building authentic collaborations with young voice-hearers who may, for instance, suggest particular areas of research to prioritise. Future researchers should consider how to overcome barriers to enable a representative group of YP to share their views on HVGs. Methods other than individual interviews may be better suited, such as anonymous qualitative surveys or the use of participatory research methods such as Photovoice (Wang & Burris, 1994). Finding secure ways to conduct research through online communities such as Discord or Reddit could also improve accessibility of research opportunities. Research with young voice-hearers who had unhelpful experiences of HVGs could also bring new insights. It may also be useful to explore potential differences with experiences of YP's HVGs in NHS settings, as the YP participants in this study all accessed community-based groups.

As peer support rises in popularity, it could be helpful to further investigate YP's views on peer support and how intersectional identities impact who young voice-hearers view as their peer. In addition, other forms of peer support in relation to voice-hearing should be researched. As YP are regular internet users, it would be interesting to explore how much value YP place on formal groups such as HVGs, or whether they receive informal peer support in other forms, such as by seeing a video of someone with similar experiences or simply messaging through social media.

4.5. Critical Review

4.5.1. Strengths and Limitations

4.5.1.1. Research design:

Despite consultation with the Charity, a relevant stakeholder, young voice-hearers did not directly contribute to the study's development. All research has the potential of co-opting lived experience, but given the study explores HVGs, this feels particularly problematic as the HVM heightens lived experience and aims to counteract harmful practices that voice-hearers are subjected to (Corstens et al., 2014). There were conscious attempts to try to keep YP's voices at the centre of the research but there are limits to this.

The challenges experienced in recruitment were outlined in section 2.5.1. and learnings for future research were discussed in section 4.4.2. Due to time constraints of conducting research within a Doctorate, it was not possible to develop collaborations with other stakeholders that may have enabled more YP to engage in the research. Nevertheless, having an outsider looking in perspective may have been beneficial as participants may have been more transparent about their experiences to someone who is independent from their respective HVG.

4.5.1.2. Analysis:

Braun and Clarke (2021b) encourage researchers to take time to fully engage with the Reflexive TA process. Given the extended recruitment phase, time constraints existed when analysing the data which may have to some extent impacted the TA process, for instance may have limited theme refinement. YP and GF participants were treated as one dataset during the analysis; separating the two groups might have allowed a more in-depth exploration of similarities and differences between their perspectives, and could be an area for future research.

Furthermore, the choices to include group facilitators and treating the sample as one during the analysis may have led to epistemic injustice (Fricker, 2007). Voice-hearers are a group of people who have been found to experience discrimination due to epistemic injustice, for instance due to their perspectives not being seen as valid and reliable, and their exclusion within mainstream society and in turn knowledge production (Harris et al., 2022). Young voice-hearers were invited to participate in the study, but their views may have been obscured by the inclusion of group facilitators. Assumed equivalence between what YP and GF participants said may have played out in the findings, despite GF participants sharing second-hand experiences which in reality may not align with YP's views on HVGs. In addition, due to the power imbalances between YP and GFs, narratives held by GFs may have inadvertently been privileged by the researcher, who themselves does not identify as a voice-hearer and is a mental health professional.

The researcher was conscious of the above limitations and tried to counteract these during the analysis. It was ensured during theme development that this process was driven by what the YP participants shared. The distinction between YP and GF participants was made throughout the analysis and in the write-up. This made it possible, for instance, that the source of the quotes used was visible, and it allowed for the distinction between what YP and GF shared, for instance by highlighting when a point may have only come from the GF participants.

4.5.1.3. Sample characteristics:

The challenges experienced in recruitment led to what can be considered a small sample size, particularly due to having only four YP participants. Nevertheless, this is in line with the sample sizes of the qualitative studies investigating HVGs discussed in section 1.5.1 (Dos Santos & Beavan, 2015; Hayes et al., 2014; Oakland & Berry, 2015). In addition, generalisability due to sample size is not an aim of Reflexive TA (Braun & Clarke, 2021b). It is argued that this study reached its aim of generating rich data within an unexplored field.

For several reasons, this study may have failed to capture diversity within experiences based on the characteristics of the participants. Ten out of eleven participants identified as White, with all four YP identifying as White British, mirroring the lack of racial diversity found in the adult HVGs literature. It is unknown whether this is representative for attendees of YP's HVGs as demographic data is not publicly available, but if this is the case, it might suggest groups are inaccessible to racialised YP. However, it could be that racialised people seek support elsewhere. There may be additional barriers to engaging in research for racialised YP due to understandable mistrust of institutions and healthcare professionals (Smart & Harrison, 2017). Increasing the racial diversity within the voice-hearing in YP field is crucial, otherwise White-centric understandings of voice-hearing will continue to be privileged, limiting our knowledge on how to better support racialised people with voice-hearing experiences.

Secondly, all four YP participants (aged 20-25) could be considered as young adults, meaning the perspectives of younger YP are missing. It is hypothesised that younger YP are more interlinked with their parents/carers and at earlier stages of identity development, suggesting their views may have differed from the YP in this study. Parental consent was not a requisite for those aged 16-17, but there may have been other barriers to participation. It is unknown what the demographics are of YP's HVGs, but further research should consciously target those aged 20 and under.

Lastly, all four YP participants could be considered to be regular attendees of their respective HVGs, mirroring the samples of qualitative studies discussed in the literature review (Beavan et al., 2017; Davidson et al., 2019; Dos Santos & Beavan, 2015; Hayes et al., 2014; King & Simmons, 2023; Longden et al., 2018; Oakland &

Berry, 2015). Although it was made clear to participants that there was no expectation to share positive views on HVGs, YP's regular attendance suggests they have benefited in some way from the groups. Thus, the perspectives of YP who are more critical of HVGs were likely not captured and, as previously discussed in section 4.4.2, should be an area for future research.

4.5.2. Quality Assurance

How to best assess the quality of qualitative research is heavily debated; there are fundamental differences in ontology and epistemology that make criteria used in quantitative research unsuitable, and within qualitative psychology there is a spectrum of methods and approaches (Yardley, 2015). Nevertheless, Spencer and Ritchie (2012) argue there are three overarching principles that can be used to evaluate the quality of qualitative studies.

4.5.2.1. Contribution:

Contribution relates to the "value and relevance of research evidence" (Spencer & Ritchie, 2012, p. 229). As shown by the literature reviews, there is a paucity of research on YP's HVGs specifically, and on HVGs and peer support groups for YP more generally. Thus, this study is an important contribution to the field, which hopefully will prompt further research. The findings led to implications for clinical practice and research that show the study's contribution within the wider context. To amplify the study's contribution, the researcher plans to disseminate the findings by submitting the study to peer-reviewed journals. The researcher will also develop a YP-friendly summary to share with the Charity who was consulted in the study. Lastly, participants who consented to be contacted will be sent a summary of the findings.

4.5.2.2. Credibility:

Credibility refers to the "defensibility and plausibility of the claims made" (Spencer & Ritchie, 2012, p. 230). The process of Reflexive TA undertaken by the researcher was described in section 2.7.3. Discussions in supervision supported the research process, including with the development and refining of the themes. Extracts from the interviews have been used throughout the Results chapter to showcase how the themes generated are rooted within the dataset, with the researcher's interpretations being made explicit in the write-up. The interview transcripts are available to the examiners of this thesis, should they wish to see the raw data.

4.5.2.3. Rigour:

Rigour encompasses the transparency, defensibility and thoroughness of the research process resulting in the study's validity (Spencer & Ritchie, 2012). The rationale for the study's methodology was outlined in the Methods chapter. The researcher developed an understanding of the TA process through reading and supervision and had two previous experiences of conducting TA. The analytic process is well documented in the audit trail in the Appendices (O-R) which includes examples of coded extracts, list of codes organised into candidate themes, and multiple initial thematic maps.

In addition, Spencer and Ritchie (2012) note that reflexivity can be considered as part of showcasing rigour in qualitative research, as the researcher's impact on the research process is made transparent. This feels particularly important in this study given the use of Reflexive TA, which emphasises the subjectivity of the narrative that gets told through the generation of themes by the researcher (Braun & Clarke, 2021b).

4.5.2.4. Reflexivity:

I practised reflexivity throughout the research process with supervision and my reflective journal supporting this. My stance in relation to the research topic has been stated in section 2.7.2.1. Whilst a critical realist theoretical position was thought to best align with the study's aims and research questions, taking another stance could have led to a different focus altogether and different findings. For instance, a social constructionist lens would have led to different research questions which may have looked more at how YP talk about HVGs and their voice-hearing experiences and how the socio-political context influences this.

During data collection, I observed how my confidence in the process grew with each interview. Consequently, the way I interviewed participants and connected with them may have evolved over time. I noticed that in the interviews with YP, the conversation at times naturally led to participants talking about their voice-hearing experiences. At first, I was reluctant to ask follow-up questions as I was conscious that YP had consented to being interviewed on their experiences of HVGs, not their voice-hearing. However, it was important to strike a balance, as I did not want to appear to be shutting down the conversation, which may have mirrored other experiences where YP had negative responses to their sharing of voice-hearing. Gaining a greater understanding of their experiences also helped me to use each participant's preferred terminology, rather than impose the terms voice-hearing and voice-hearer on them; for instance, one YP described their experiences as hallucinations and delusions.

My alignment with the HVM ethos has likely influenced the entire research process, starting with my decision to focus on YP's HVGs. The HVM ethos is also compatible with the overall approach taken by my university's teaching, which favours critical perspectives to dominant discourses and the need to consider the social context in people's distress. During the data collection and analysis this may have meant that I have neglected more negative experiences of HVGs and that I was drawn to, and potentially encouraged, critical stories about medicalised understandings of voice-hearing. This may have influenced theme development and it is acknowledged that a researcher who does not align with the HVM would have developed different themes altogether, with potentially a less positive lens regarding HVGs. Whilst I see myself as an integrative practitioner who draws from multiple approaches and values choice and agency, it may be that more negative stories shared about HVGs have been obscured within the themes I ultimately developed. As an example more critical points made about what it means to be a peer and what was challenging for YP about the groups were, for instance, presented and discussed within the theme 'power of sharing between peers', rather than forming a separate theme. This would have made these views more visible and known to readers of this thesis. Despite this, I strived to not hold an idealised view on HVGs and to ensure that different perspectives shared by participants were highlighted in the analysis, as seen by the development of the theme ‘accessibility of HVGs’ which includes barriers to engagement and challenges to the inclusivity of these groups.

4.6. Conclusion

This study met its aim of shedding light on YP’s HVGs by interviewing YP and facilitators about their experiences of these groups. Three overarching themes were generated: ‘power of sharing between peers’, ‘HVGs in the context of other support’, and ‘accessibility to HVGs’.

The findings showed that, overall, HVGs are experienced as helpful and can have a transformative impact on YP’s voice-hearing and lives. There is power in YP coming together with peers in non-judgemental spaces whilst going through stigmatised experiences. Mainstream services can leave YP desperate for alternative support, demonstrating the importance of making HVGs more widely available. At the same time, YP value choice and multiple options in their care, evidencing that HVGs should not become the only form of support offered to YP. It is hoped the ethos of being peer-led and giving YP agency is transmitted to other forms of support.

It is acknowledged that HVGs are not the answer to everything; there are challenges to accessibility and inclusivity, and systemic changes need to occur for voice-hearers to be better supported within society. This research aimed to amplify young voice-hearers’ perspectives in a field that continues to be dominated by adults’ and professionals’ views. It is hoped further research in this area will represent authentic collaborations with young voice-hearers.

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6. APPENDICES

Appendix A: Scoping Reviews Strategy

Scoping Review One: Experiences of Adult HVGs

The guiding question in this literature review was: how have adults' experiences of HVGs been investigated in the literature?

Search terms:

Different combination of search terms were used, but ultimately it was decided to simply use "hearing voices groups" as a search term, as this led to the most relevant results.

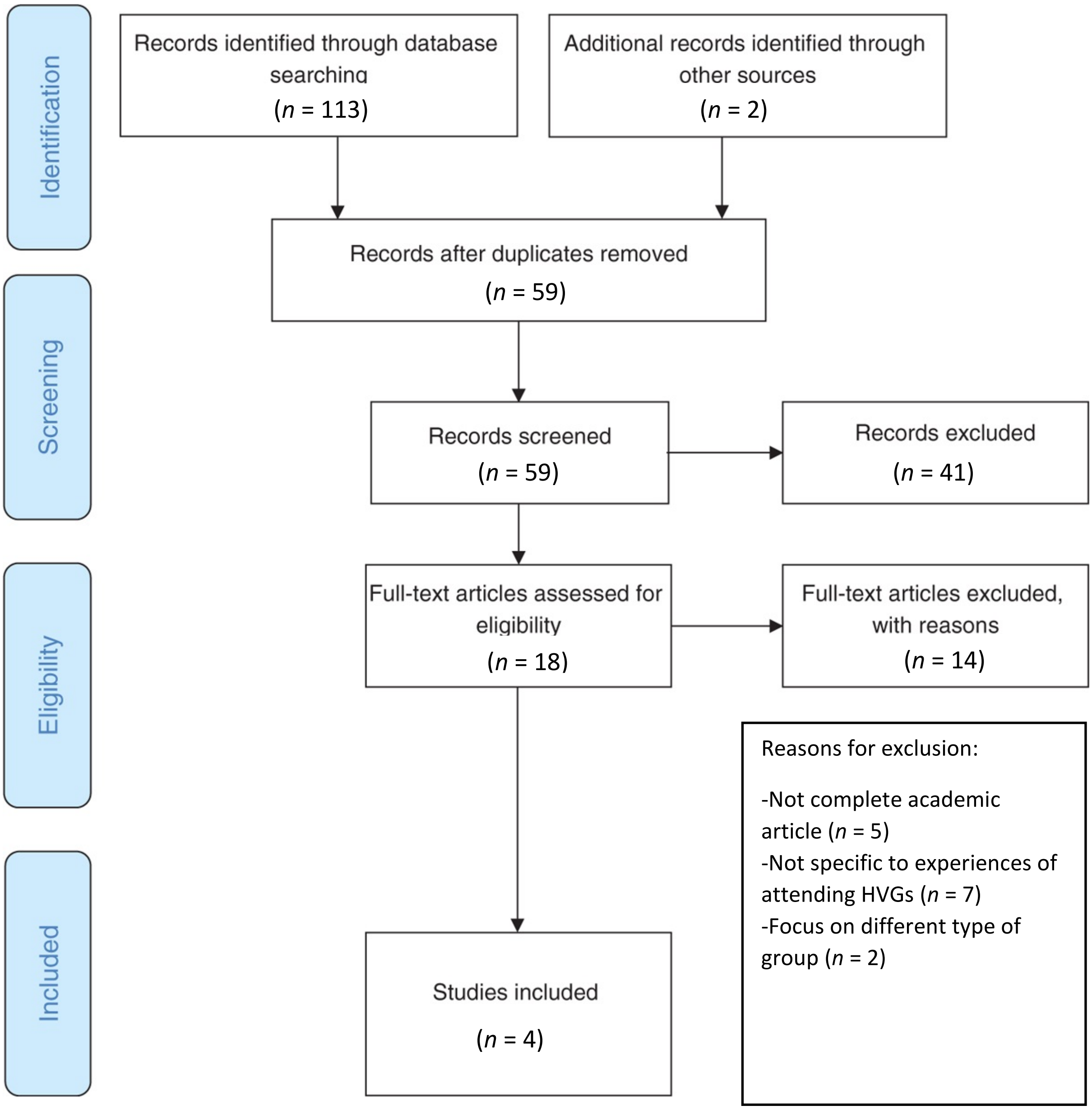
Inclusion criteria:

- Studies involving adults.
- Studies focusing on group members' experiences of HVGs.

Exclusion criteria:

- Full-text articles not available in English.
- Not complete academic articles (e.g., personal accounts, commentary pieces, erratum, book chapters, etc.).
- Studies not specific to HVGs (e.g., broader focus on HVM, other approaches to supporting voice-hearing, etc.)
- Studies focusing on other aspects of HVGs (e.g., change processes, professionals' views, etc.).
- Studies looking at specific populations (e.g., Learning Disabilities, older adults, etc.)

PRISMA diagram (Peters et al., 2015):



Scoping Review Two: CYP’s Experiences of Peer Support Groups

The guiding question in this literature review was: how have CYP’s experiences of mental health peer support groups been investigated in the literature?

Search terms:

Different search terms were trialled, and final search terms used were:

("child" OR "children" OR "young people" OR "young person" OR "young adult" OR "adolescent" OR "teenager" OR "youth") AND ("hearing voices group" OR "peer support group" OR "mental health support group" OR "mental health peer support group")

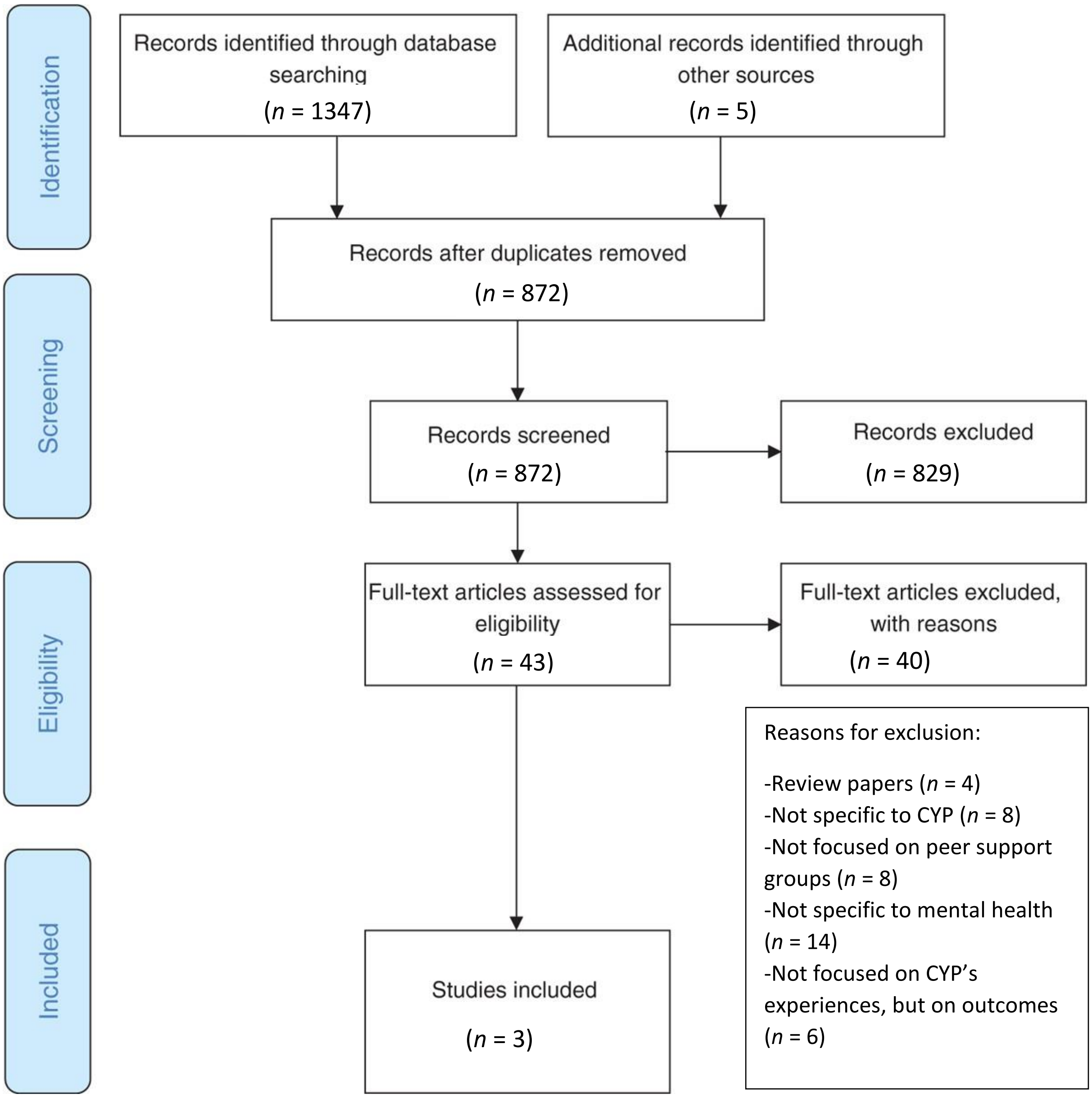
Inclusion criteria:

- Studies involving CYP.
- Studies focusing on CYP’s experiences of mental health peer support groups.

Exclusion criteria:

- Full-text articles not available in English.
- Not complete academic articles (e.g., personal accounts, commentary pieces, erratum, book chapters, etc.).
- Studies not related to CYP, but focused on other cohorts (e.g., parents).
- Studies with different focus than mental health (e.g., physical health, pregnancy, substance misuse).

PRISMA diagram (Peters et al., 2015):



Reasons for exclusion:

- -Review papers (*n* = 4)
- -Not specific to CYP (*n* = 8)
- -Not focused on peer support groups (*n* = 8)
- -Not specific to mental health (*n* = 14)
- -Not focused on CYP's experiences, but on outcomes (*n* = 6)

Appendix B: Ethics Review Decision Letter

School of Psychology Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in blue | **Student:** Please complete/read sections in orange

Details

Reviewer:	**Paula Corredor Lopez**
Supervisor:	**Matthew Boardman**
Student:	**Camilla Giachero**
Course:	**Prof Doc in Clinical Psychology**
Title of proposed study:	**Young People's experiences of hearing voices groups and their impact- Qualitative analysis**

Checklist

(Optional)

	YES	NO	N/A
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	☐	☒	☐
Detailed account of participants, including inclusion and exclusion criteria	☒	☐	☐
Concerns regarding participants/target sample	☐	☐x	☐
Detailed account of recruitment strategy	☒	☒	☐
Concerns regarding recruitment strategy	☐	☐x	☐
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	☒	☐	☐
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	☐x	☐	☐

Clear and detailed outline of data collection	☒	☐	☐
Data collection appropriate for target sample	☐x	☐	☐
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	☐	☒	☐
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	☐	☐	☒
Concerns regarding data storage (e.g., location, type of data, etc.)	☐	☒	☐
Concerns regarding data sharing (e.g., who will have access and how)	☐	☒	☐
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	☐	☒	☐
If required, General Risk Assessment form attached	☐x	☐	☐
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	☐x	☐	☐
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	☒	☐	☐
If required, Country-Specific Risk Assessment form attached	☐	☐	☒
If required, a DBS or equivalent certificate number/information provided	☒	☐	☐
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	☒	☐	☐
All relevant information included in the participant information sheet (PIS)	☒	☐	☐
Information in the PIS is study specific	☒	☐	☐
Language used in the PIS is appropriate for the target audience	☒	☐	☐
All issues specific to the study are covered in the consent form	☒	☐	☐
Language used in the consent form is appropriate for the target audience	☒	☐	☐
All necessary information included in the participant debrief sheet	☒	☐	☐
Language used in the debrief sheet is appropriate for the target audience	☒	☐	☐
Study advertisement included	☒	☐	☐
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	☒	☐	☐

Decision options	
APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES	In this circumstance, the student must confirm with their supervisor that all minor amendments have been made **before** the research commences. Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of

	this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records. **Minor amendments guidance:** typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.
NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	In this circumstance, a revised ethics application **must** be submitted and approved **before** any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application. **Major amendments guidance:** typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.

Decision on the above-named proposed research study

Please indicate the decision:	APPROVED

Minor amendments

Please clearly detail the amendments the student is required to make

Major amendments

Please clearly detail the amendments the student is required to make

Assessment of risk to researcher

Has an adequate risk assessment been offered in the application form?	**YES** ☒	**NO** ☐
	If no, please request resubmission with an **adequate risk assessment.**	

If the proposed research could expose the researcher to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:

HIGH	Please **do not approve a high-risk** application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	☐
MEDIUM	Approve but include appropriate recommendations in the below box.	☐
LOW	Approve and if necessary, include any recommendations in the below box.	☒
Reviewer recommendations in relation to risk (if any):	**Important study**	

Reviewer's signature	
Reviewer: (Typed name to act as signature)	**Paula Corredor Lopez**
Date:	**08/04/2022**
This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee	

Appendix C: Finalised Ethics Application Form

UNIVERSITY OF EAST LONDON
School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS
(Updated October 2021)

FOR BSc RESEARCH;
MSc/MA RESEARCH;
PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

Section 1 – Guidance on Completing the Application Form
(please read carefully)

1.1	Before completing this application, please familiarise yourself with: ▪ British Psychological Society's Code of Ethics and Conduct ▪ UEL's Code of Practice for Research Ethics ▪ UEL's Research Data Management Policy ▪ UEL's Data Backup Policy
1.2	Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will look over your application and provide feedback.
1.3	When your application demonstrates a sound ethical protocol, your supervisor will submit it for review.
1.4	Your supervisor will let you know the outcome of your application. Recruitment and data collection must **NOT** commence until your ethics application has been approved, along with other approvals that may be necessary (see section 7).
1.5	Research in the NHS: ▪ If your research involves patients or service users of the NHS, their relatives or carers, as well as those in receipt of services provided under contract to the NHS, you will need to apply for HRA approval/NHS permission (through IRAS). You DO NOT need to apply to the School of Psychology for ethical clearance. ▪ Useful websites: https://www.myresearchproject.org.uk/Signin.aspx https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/

	▪ If recruitment involves NHS staff via the NHS, an application will need to be submitted to the HRA in order to obtain R&D approval. This is in addition to separate approval via the R&D department of the NHS Trust involved in the research. UEL ethical approval will also be required. ▪ HRA/R&D approval is not required for research when NHS employees are not recruited directly through NHS lines of communication (UEL ethical approval is required). This means that NHS staff can participate in research without HRA approval when a student recruits via their own social/professional networks or through a professional body such as the BPS, for example. ▪ The School strongly discourages BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
1.6	If you require Disclosure Barring Service (DBS) clearance (see section 6), please request a DBS clearance form from the Hub, complete it fully, and return it to applicantchecks@uel.ac.uk. Once the form has been approved, you will be registered with GBG Online Disclosures and a registration email will be sent to you. Guidance for completing the online form is provided on the GBG website: https://fadv.onlinedisclosures.co.uk/Authentication/Login You may also find the following website to be a useful resource: https://www.gov.uk/government/organisations/disclosure-and-barring-service
1.7	Checklist, the following attachments should be included if appropriate: ▪ Study advertisement ▪ Participant Information Sheet (PIS) ▪ Participant Consent Form ▪ Participant Debrief Sheet ▪ Risk Assessment Form/Country-Specific Risk Assessment Form (see section 5) ▪ Permission from an external organisation (see section 7) ▪ Original and/or pre-existing questionnaire(s) and test(s) you intend to use ▪ Interview guide for qualitative studies ▪ Visual material(s) you intend showing participants

Section 2 – Your Details

2.1	**Your name:**	**Camilla Giachero**
2.2	**Your supervisor's name:**	**Dr Matthew Boardman**
2.3	**Name(s) of additional UEL supervisors:**	**Prof David Harper**
		3rd supervisor (if applicable)
2.4	**Title of your programme:**	**Clinical Psychology Doctorate**
2.5	**UEL assignment submission date:**	**22/05/2023**
		Re-sit date (if applicable)

Section 3 – Project Details

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and purpose of your research.

3.1	**Study title:** Please note - If your study requires registration, the title inserted here must be the same as that on PhD Manager	**Hearing Voices Groups and their impact: The experiences of young people and group facilitators**
3.2	**Summary of study background and aims (using lay language):**	Hearing voices and other sensory experiences, such as seeing or feeling things other people can't, are relatively common and variable experiences in young people, with some young people requiring further support due to high levels of distress caused by the experience. There is a lack of research into young voice-hearers' experiences. However, first findings suggest that young people would like support to be more normalising and holistic. The Hearing Voices Movement considers hearing voices as a meaningful human experience, and the associated Hearing Voices Groups (HVGs) are peer-led support groups that promote meaning-making of voice-hearing. Studies with adults show that these groups are associated with positive outcomes, including improving isolation, self-esteem and distress levels. Using semi-structured interviews, this study will explore how young voice-hearers (16–25-year-olds) experience their participation in HVGs and whether they have had an impact on their quality of life. Due to HVGs for young people being limited in existence currently, this study will also explore group facilitators' experiences of HVGs for young people to add to the knowledge base of the impact of these groups for young people.
3.3	**Research question(s):**	What do young people find helpful and/or unhelpful about attending HVGs? What are group facilitators experiences of HVGs for young people? What perceived impact do HVGs have on young people's quality of life?
3.4	**Research design:**	This qualitative study will involve individual, semi-structured interviews to allow participants to openly discuss their experiences (Carruthers, 1990).

3.5	**Participants:** Include all relevant information including inclusion and exclusion criteria	Participants will be 16–25-years-olds, as the risk of experiencing distressing voices is higher in this age group compared to children and younger adolescents (Maijer et al., 2019), HVGs aimed at young people are open to this age group, and the NHS Long-Term Plan (2019) aims to extend CAMHS provision up to 25. Young people who have attended at least three UK-based HVG sessions will qualify for participation, as no significant differences have been found in length of group membership (Longden et al., 2018). To protect vulnerable participants, young people who are experiencing acute distress, for instance those at high risk of harm, will be excluded. In addition, participants will be group facilitators who have facilitated HVGs specific to young people or have facilitated generic HVGs that young people have attended. They must have facilitated at least 3 UK-based group sessions. The sample size is aimed at eight participants, based on debated data saturation guidelines (Guest et al., 2006; Sebele-Mpofu, 2020), population group, and constraints of conducting research within a Doctoral Programme. Ideally there will be an equal or similar number of young people and group facilitators participating.
3.6	**Recruitment strategy:** Provide as much detail as possible and include a backup plan if relevant	The study will be advertised via [Name], a charity that supports young people who hear voices, by circulating the study's advert poster via email distributions lists, social media, and other forums (Appendix G). The primary researcher will also create social media accounts specific for the research project and advertise the study through these accounts. Approved ethics amendment allows the researcher to contact social media profiles who seem to meet eligibility criteria directly to let them know about the study as well as utilise researcher's personal/professional network. An additional poster has been created which has been shared on social media accounts that explains what young people can expect if they decide to participate and explains safety/confidentiality aspects of the interview

		process (approved ethics amendment). Additional recruitment strategies have been considered, such as advertisement via other charities. [Name of Hearing Voices Group] has consented to advertise the research (Appendix G). The aim is to reach out to a range of young people, including those who have not accessed mental health services. Recruitment has been challenging, stigma around hearing voices being a barrier to disclosure (Bogen-Johnston et al., 2019). Therefore, group facilitators will now also be recruited using following strategies: using researcher's social media accounts and utilising researcher's personal and professional networks. I have been in touch with organisations about supporting recruitment and if they get back to me stating they want to support recruitment, I will submit further ethics amendments as necessary. The study's adverts (Appendix A) will outline the nature and purpose of the study and contain a secure email address for people who want further information. Those who opt into the study will be emailed the information sheet (Appendix B), which will outline the research aims, questions, procedure and rights of participants, such as right to withdraw and anonymity.
3.7	**Measures, materials or equipment:** Provide detailed information, e.g., for measures, include scoring instructions, psychometric properties, if freely available, permissions required, etc.	A semi-structured interview schedule (Appendix F) has been developed for the study based on the available literature. Two versions have been developed for young people and group facilitators as participants. The schedule provides the researcher a framework to guide the conversation whilst allowing participants to speak freely and openly.
3.8	**Data collection:** Provide information on how data will be collected from the point of consent to debrief	The interviews will be conducted, recorded and transcribed via MS Teams, UEL's secure video conferencing platform. If participants do not have access to electronic devices or technical difficulties arise, alternative arrangements will be sought, such as telephone interviews. Interviews are expected to last approximately one hour. Recordings will be deleted once the transcripts have been finalised.

3.9	**Will you be engaging in deception?**	**YES** ☐	**NO** ☒
	If yes, what will participants be told about the nature of the research, and how/when will you inform them about its real nature?	If you selected yes, please provide more information here	
3.10	**Will participants be reimbursed?**	**YES** ☒	**NO** ☐
	If yes, please detail why it is necessary.	Young people hold limited power and voice within society and within mental health settings (Sidanius & Pratto,1999; Pratto, Sidanius & Levin, 2006). Young people who choose to participate in this research should be given a reimbursement for their time and expertise. Young people can choose whether they want this compensation or not. Group facilitators will also be given the option for reimbursement for their time and expertise.	
	How much will you offer? Please note - This must be in the form of vouchers, not cash.	Participants can sign up for a voluntary voucher of £10 (Amazon) by providing their name, address, date of birth and National Insurance number.	
3.11	**Data analysis:**	Data will be analysed using Thematic Analysis guidelines (Braun & Clarke, 2021). NVivo software will be utilised to analyse data.	

Section 4 – Confidentiality, Security and Data Retention

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

If a Research Data Management Plan (RDMP) has been completed and reviewed, information from this document can be inserted here.

4.1	**Will the participants be anonymised at source?**	**YES** ☐	**NO** ☒
	If yes, please provide details of how the data will be anonymised.	Please detail how data will be anonymised	
4.2	**Are participants' responses anonymised or are an anonymised sample?**	**YES** X	**NO** ☐
	If yes, please provide details of how data will be anonymised (e.g., all	All identifying information will be removed during transcription. Pseudonyms will be used. Example	

	identifying information will be removed during transcription, pseudonyms used, etc.).	quotes from the transcriptions will be used in the write-up, which will be anonymised and no identifiable information will be used in the quotes.	
4.3	**How will you ensure participant details will be kept confidential?**	By safely storing confidential participant details and not keeping data more than necessary.	
4.4	**How will data be securely stored and backed up during the research?** Please include details of how you will manage access, sharing and security	All data will be stored on UEL OneDrive for business cloud. Audio/video files and transcripts will be stored in separate folders only accessible by the researcher on UEL OneDrive for business. Transcripts will be stored on both the researcher's and supervisor's secure accounts (so there is a backup). Contact details, consent forms and other identifiable information will be stored in a folder separate from the audio/video files and transcripts.	
4.5	**Who will have access to the data and in what form?** (e.g., raw data, anonymised data)	The researcher and DoS will have access to raw and anonymised data.	
4.6	**Which data are of long-term value and will be retained?** (e.g., anonymised interview transcripts, anonymised databases)	Recordings will be deleted following the transcription of interviews. Anonymised interview transcripts will be retained.	
4.7	**What is the long-term retention plan for this data?**	Transcripts will be kept by the study's supervisor for three years following the study's completion on their UEL OneDrive for business account.	
4.8	**Will anonymised data be made available for use in future research by other researchers?**	**YES** ☐	**NO** ☒
	If yes, have participants been informed of this?	**YES** ☐	**NO** ☐
4.9	**Will personal contact details be retained to contact participants in the future for other research studies?**	**YES** ☐	**NO** ☒
	If yes, have participants been informed of this?	**YES** ☐	**NO** ☐

Section 5 – Risk Assessment

If you have serious concerns about the safety of a participant, or others, during the course of your research please speak with your supervisor as soon as possible. If there is any unexpected

occurrence while you are collecting your data (e.g., a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.			
5.1	**Are there any potential physical or psychological risks to participants related to taking part?** (e.g., potential adverse effects, pain, discomfort, emotional distress, intrusion, etc.)	**YES** ☒	**NO** ☐
	If yes, what are these, and how will they be minimised?	No physical risks. Some young people may find it distressing to discuss their experiences of attending HVGs, for instance if they had a bad experience of the groups or choose to discuss distressing experiences of hearing voices. Similarly group facilitators may recall distressing experiences of facilitation. The researcher will make the purpose of the interviews explicit, i.e., study on HVGs. The researcher will check in with participants before, during and after the interview. They will be reminded they are free to take a break at any point, skip any questions and end the interview without explanation. The researcher is a mental health clinician and is trained to manage conversations in which people are distressed. The researcher is aware of how to signpost to further support if needed.	
5.2	**Are there any potential physical or psychological risks to you as a researcher?**	**YES** ☒	**NO** ☐
	If yes, what are these, and how will they be minimised?	I may find it emotionally distressing to hear experiences that young people will share on their experiences of hearing voices and mental health more generally. Any risks will be discussed in supervision with Director of Study.	
5.3	**If you answered yes to either 5.1 and/or 5.2, you will need to complete and include a General Risk Assessment (GRA) form (signed by your supervisor). Please confirm that you have attached a GRA form as an appendix:**	**YES** ☒	

5.4	**If necessary, have appropriate support services been identified in material provided to participants?**	**YES** ☒	**NO** ☐	**N/A** ☐
5.5	**Does the research take place outside the UEL campus?**	**YES** ☒	**NO** ☐	
	If yes, where?	**Online via MS Teams.**		
5.6	**Does the research take place outside the UK?**	**YES** ☐	**NO** ☒	
	If yes, where?	Please state the country and other relevant details		
	If yes, in addition to the General Risk Assessment form, a Country-Specific Risk Assessment form must also be completed and included (available in the Ethics folder in the Psychology Noticeboard). Please confirm a Country-Specific Risk Assessment form has been attached as an appendix. Please note - A Country-Specific Risk Assessment form is not needed if the research is online only (e.g., Qualtrics survey), regardless of the location of the researcher or the participants.	**YES** ☐		
5.7	**Additional guidance:** ▪ For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on ‘sign in’ and then ‘register here’ using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance. ▪ For on campus students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Director of Impact and Innovation, Professor Ian Tucker (who may escalate it up to the Vice Chancellor). ▪ For distance learning students conducting research abroad in the country where they currently reside, a risk assessment must also be carried out. To minimise risk, it is recommended that such students only conduct data collection online. If the project is deemed low risk, then it is not necessary for the risk assessment to be signed by the Director of Impact and Innovation. However, if not deemed low risk, it must be signed by the Director of Impact and Innovation (or potentially the Vice Chancellor).			

	- Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

Section 6 – Disclosure and Barring Service (DBS) Clearance

6.1	**Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?** If yes, you will require Disclosure Barring Service (DBS) or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project	**YES** ☒	**NO** ☐
	* You are required to have DBS or equivalent clearance if your participant group involves: (1) Children and young people who are 16 years of age or under, or (2) 'Vulnerable' people aged 16 and over with particular psychiatric diagnoses, cognitive difficulties, receiving domestic care, in nursing homes, in palliative care, living in institutions or sheltered accommodation, or involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak with your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible.		
6.2	**Do you have DBS or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project?**	**YES** ☒	**NO** ☐
6.3	**Is your DBS or equivalent (for those residing in countries outside of the UK) clearance valid for the duration of the research project?**	**YES** ☒	**NO** ☐
6.4	**If you have current DBS clearance, please provide your DBS certificate number:**	**Redacted**	
	If residing outside of the UK, please detail the type of clearance and/or provide certificate number.	Please provide details of the type of clearance, including any identification information such as a certificate number	
6.5	**Additional guidance:**		

	▪ If participants are aged 16 or under, you will need two separate information sheets, consent forms, and debrief forms (one for the participant, and one for their parent/guardian). ▪ For younger participants, their information sheets, consent form, and debrief form need to be written in age-appropriate language.

Section 7 – Other Permissions

7.1	**Does the research involve other organisations (e.g., a school, charity, workplace, local authority, care home, etc.)?**	**YES** ☒	**NO** ☐
	If yes, please provide their details.	[Name of Charity] is a UK-wide, London-based project that supports children and young people who hear voices, see visions, have other 'unusual' sensory experiences or beliefs. [Name of Charity] also offers support for parents/families, and training for youth workers, social workers, mental health professionals and other supporters. [Further information about Charity redacted]. [Name of HVG] has agreed to advertise the study. They are an independent group that run several self-help and support groups.	
	If yes, written permission is needed from such organisations (i.e., if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation). Please confirm that you have attached written permission as an appendix.	**YES** ☒	
7.2	**Additional guidance:** ▪ Before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application or approval letter. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as 'my' or 'I' with 'our organisation' or with the title of the organisation. This organisational consent form must be signed before the research can commence.		

	- If the organisation has their own ethics committee and review process, a SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s.

Section 8 – Declarations

8.1	**Declaration by student. I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor:**	**YES** ☒
8.2	**Student's name:** (Typed name acts as a signature)	**Camilla Giachero**
8.3	**Student's number:**	**U2075202**
8.4	**Date:**	**17/11/2022**

Supervisor’s declaration of support is given upon their electronic submission of the application

Appendix D: Approved Ethics Amendment Requests Forms

Amendment 1

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are not to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details	
Name of applicant:	**Camilla Giachero**
Programme of study:	**Doctorate in Clinical Psychology**
Title of research:	**Young people's experiences of hearing voices groups and their impact: A qualitative analysis**
Name of supervisor:	**Matthew Boardman**

Proposed amendment(s)	
Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below	
Proposed amendment	**Rationale**
Addition to participation information sheet and consent form informing participants that if they wish to receive a voucher for taking part, they will need to provide personal information including their name, address, date of birth, and national insurance number. This personal information will be stored separately to participant responses/transcripts.	Initial participant information sheet and consent form did not include the need for date of birth and national insurance number.
Optional voucher changed from Love2Shop voucher to Amazon voucher on participant information sheet, consent form and study advertisement.	Initial study materials stated voucher was for Love2Shop. University has confirmed they are only giving out Amazon vouchers at the moment.

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature	
Student: (Typed name to act as signature)	**Camilla Giachero**
Date:	**08/05/2022**

Reviewer's decision

Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	Please enter any further comments here	
Reviewer: (Typed name to act as signature)	**Trishna Patel**	
Date:	**09/05/2022**	

Amendment 2

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details

Name of applicant:	**Camilla Giachero**
Programme of study:	**Doctorate in Clinical Psychology**
Title of research:	**Young people's experiences of hearing voices groups and their impact: A qualitative analysis**
Name of supervisor:	**Matthew Boardman**

Proposed amendment(s)	
Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below	
Proposed amendment	**Rationale**
Additional poster to support recruitment that explains what young people can expect if they decide to participate and explains safety/confidentiality aspects of the interview process.	A number of potential participants have pulled out of the study due to worries around safety (e.g., sending personal information via email, having to give person information to access voucher). The Charity I am collaborating with suggested I have an additional poster they can share that goes over these aspects to hopefully support recruitment.

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature

Student: (Typed name to act as signature)	**Camilla Giachero**
Date:	**07/10/2022**

Reviewer's decision		
Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	1) Ensure consistent formatting (e.g., bullet point two, use of lowercase to start sentence). 2) **No other platform** apart from MS Teams to be used.	

Reviewer: (Typed name to act as signature)	**Trishna Patel**
Date:	**07/10/2022**

Amendment 3

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details

Name of applicant:	**Camilla Giachero**
Programme of study:	**Doctorate in Clinical Psychology**
Title of research:	**Young people's experiences of hearing voices groups and their impact: A qualitative analysis**
Name of supervisor:	**Matthew Boardman**

Proposed amendment(s)	
Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below	
Proposed amendment	**Rationale**
Proactively contacting relevant accounts on social media to discuss participation	Ethics already covers using social media to recruit participants and I have specific research accounts (inc. Facebook, Twitter and TikTok). Due to difficulties recruiting young people, I would like to be able to actively message people who are posting publicly on social media and seem to have relevant experience to my study (e.g., experienced unusual experiences and/or attended hearing voices groups) to see if they are interested in participating.
Snowball recruitment	Similarly due to recruitment difficulties after 5 months, I would like to be able to ask people whom I am in contact with if they can pass on the information about the study to anyone they know who could also be eligible (snowball recruitment).
Recruiting via personal network	As above, I would like to share study details with people I know in my personal network who may reach study criteria or know of people who may be interested in participating.

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature	
Student: (Typed name to act as signature)	**Camilla Giachero**
Date:	**12/10/2022**

Reviewer's decision		
Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	Please enter any further comments here	
Reviewer: (Typed name to act as signature)	**Trishna Patel**	
Date:	**14/10/2022**	

Amendment 4

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details

Name of applicant:	**Camilla Giachero**
Programme of study:	**Doctorate in Clinical Psychology**
Title of research:	**Young people's experiences of hearing voices groups and their impact: A qualitative analysis**
Name of supervisor:	**Matthew Boardman**

Proposed amendment(s)	
Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below	
Proposed amendment	**Rationale**
I contacted [Name of HVG] (non-NHS) to support my recruitment, e.g., sharing poster with members. [Name of HVG] has agreed to support recruitment. See attached email chain.	Continue to have difficulties with recruitment so I have reached out to more groups to support reaching a wider audience of potential participants.

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature	
Student: (Typed name to act as signature)	**Camilla Giachero**
Date:	**20/10/2022**

Reviewer's decision		
Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	Please enter any further comments here	
Reviewer: (Typed name to act as signature)	**Trishna Patel**	
Date:	**20/10/2022**	

Amendment 5

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details

Name of applicant:	**Camilla Giachero**
Programme of study:	**Doctorate in Clinical Psychology**
Title of research:	**Young people's experiences of hearing voices groups and their impact: A qualitative analysis. Proposed new title: Hearing Voices Groups and their impact: The experiences of young people and group facilitators (please see change request form).**
Name of supervisor:	**Matthew Boardman**

Proposed amendment(s)

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	**Rationale**
Expanding focus of study to also interview group facilitators on their experiences of hearing voices groups for young people.	Recruitment continues to be slow despite five months of effort. We would like to maintain the focus on young people's hearing voices groups as there is no research into this specifically and we think that by also interviewing group facilitators of these groups we are able to maintain the focus on young people (rather than expanding the age group for example that takes away the novelty of looking into young people's experiences). Facilitators will be able to add their perspectives on these groups which is clinically relevant and supports the study in evaluating these types of groups for young people.
New versions of consent forms, information sheet and debrief sheets for group facilitators participants	Required documentation for group facilitators to participate in the study.
Editing young people's documents (information sheet, consent form and debrief sheet) with new title	Due to changes to title of the study.

Confirmation

Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature

Student: (Typed name to act as signature)	**Camilla Giachero**
Date:	**15/11/2022**

Reviewer's decision		
Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	**The amendments to the ethics application and research project do not cause any ethical issue.**	
Reviewer: (Typed name to act as signature)	**Dr Jérémy Lemoine**	
Date:	**17/11/2022**	

Change of Title Form

School of Psychology Ethics Committee

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology

By applying for a change of title request, you confirm that in doing so, the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed, then you are required to complete an 'Ethics Application Amendment Form'.

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	Using your UEL email address, email the completed request form along with associated documents to Dr Jérémy Lemoine (School Research Ethics Committee Member): j.lemoine@uel.ac.uk
4	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.

Required documents	
A copy of the approval of your initial ethics application.	**YES** ☒

Details	
Name of applicant:	**Camilla Giachero**
Programme of study:	**Doctorate in Clinical Psychology**
Title of research:	**Young people's experiences of hearing voices groups and their impact: A qualitative analysis**
Name of supervisor:	**Matthew Boardman**

Proposed title change	
Briefly outline the nature of your proposed title change in the boxes below	
Old title:	Young people's experiences of hearing voices groups and their impact: A qualitative analysis
New title:	**Hearing Voices Groups and their impact: The experiences of young people and group facilitators**
Rationale:	Difficulty with recruiting young people to the study has led to the need to expand the focus of the study. This change needs to be reflected in the title of the study which now also includes experiences of group facilitators.

Confirmation		
Is your supervisor aware of your proposed change of title and in agreement with it?	**YES** ☒	**NO** ☐
Does your change of title impact the process of how you collected your data/conducted your research?	**YES** ☐	**NO** ☒

Student's signature	
Student: (Typed name to act as signature)	**Camilla Giachero**
Date:	**15/11/2022**

Reviewer's decision		
Title change approved:	**YES** ☒	**NO** ☐
Comments:	**The new title reflects better the approved amendments made to the research.**	
Reviewer: (Typed name to act as signature)	**Dr Jérémy Lemoine**	
Date:	**17/11/2022**	

Appendix E: Participant Information Sheets

Young People Version

Version: 3
Date: 14/11/2022

PARTICIPANT INFORMATION SHEET
(Young Person)

Hearing Voices Groups and their impact: The experiences of young people and group facilitators

Contact person: Camilla Giachero, Trainee Clinical Psychologist, UEL
Email: u2075202@uel.ac.uk

You are being invited to take part in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

My name is Camilla Giachero. I am a Trainee Clinical Psychologist studying in the School of Psychology at the University of East London (UEL), and I am studying for a Doctorate in Clinical Psychology. As part of my studies, I am conducting the research you are being invited to participate in.

What is the research?

Hearing Voices Groups are peer-led support groups for people who hear voices, see visions, have other sensory experiences and/or hold beliefs that others find unusual. I am interested in learning more from young people about their experiences of attending these types of groups and explore the potential impact that these groups have on young people’s lives. I will also be interviewing facilitators of these groups to gather their experiences and perspectives on Hearing Voices Groups for young people. I hope this research will improve the support that is provided to young people who hear voices.

Why have you been asked to participate?

I am inviting young people aged between 16 and 25 years old who have attended Hearing Voices Groups to take part in my research. If you have attended at least 3 sessions of Hearing Voices Groups, currently or in the past, you are eligible to take part in the study. I am not looking for 'experts' on the topic, but I see you as experts in your own experiences and you will be treated with respect. It is entirely up to you whether you take part or not, participation is voluntary.

If you feel you are experiencing a crisis in your mental health right now, you will not be able to participate in the study, as the interview could add to your distress and I want to protect your safety and wellbeing.

What will your participation involve?

If you agree to take part, I will ask you to sign a written consent form, and you will be invited to take part in a one-to-one interview, where you will be asked about your experiences of attending Hearing Voices Groups. This will be informal and hopefully feel more like a conversation between you and I.

The interviews will take place on MS Teams at a time that is convenient for you and will last up to one-hour, depending on how much you want to share with me. You will need access to a device with internet connection and a place you feel comfortable speaking freely with me. You are welcome to use video as well as audio, or just audio. The interviews will be recorded so I can make sure I have an accurate representation of our conversation for the write-up of the research. These recordings will not be shared with anyone.

If you are aged between 16-17 years old, I would encourage you to discuss your participation in this study with your parents/guardians, but this is not compulsory and it is completely your choice to do.

If you decide to participate, I would like to offer you a £10 voucher (Amazon only) for your time and expertise. For this, you will need to provide me with your full name, address, date of birth and National Insurance number. The voucher is voluntary and is not a requirement for participation.

Can I change my mind?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. You may also request to withdraw your data even after you have participated, as long as you let me know within three weeks of the interview. After this point, I will have started analysing the data and withdrawal is no longer possible.

Are there any disadvantages to taking part?
I hope you feel comfortable and safe during your interview. If at any point you feel distressed, for instance, if some of the questions remind you of difficult experiences, please let me know and I will support you through this. You can take a break at any point during our conversation, skip questions or end the interview without explanation.

Your taking part will be safe and confidential.
Your privacy and safety will be respected at all times. The interview recording will be typed out, and at this point, all identifying details (like names and places) will be removed. The interview recordings will then be deleted. While quotes from the interviews may be included in the write-up of the research, these quotes will not contain any identifiable information.

I would only break this confidentiality if I believed that there was a risk to you or to someone else, however, I would always try to discuss this with you beforehand.

What will happen to the information that you provide?
The interview will be recorded and transcribed by MS Teams. The transcriptions will be stored securely on a password-protected device. All identifying information will be removed from the transcriptions. Your anonymised data will be seen by my supervisors and the people who mark my thesis. After the study has been completed, the recordings will be deleted. The transcripts of the interviews will be kept for three years following completion in keeping with data management procedures.

If you are interested in receiving a summary of the findings once the study is completed, you can let me know and I will share this with you using your preferred contact details.

Who has reviewed the research?
My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Who can I contact if I have any questions/concerns?
If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me:

Camilla Giachero, Trainee Clinical Psychologist, University of East London
Email: u2075202@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Dr Matthew Boardman. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.boardman@uel.ac.uk

or

Chair of School Research Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.
Email: t.patel@uel.ac.uk

Thank you for reading and showing interest in this study.

Group Facilitator Version

Version: 1
Date: 15/11/2022

PARTICIPANT INFORMATION SHEET
(Group Facilitator)

Hearing Voices Groups and their impact: The experiences of young people and group facilitators

Contact person: Camilla Giachero, Trainee Clinical Psychologist, UEL
Email: u2075202@uel.ac.uk

You are being invited to take part in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

My name is Camilla Giachero. I am a Trainee Clinical Psychologist studying in the School of Psychology at the University of East London (UEL), and I am studying for a Doctorate in Clinical Psychology. As part of my studies, I am conducting the research you are being invited to participate in.

What is the research?

Hearing Voices Groups are peer support groups for people who hear voices, see visions, have other sensory experiences and/or hold beliefs that others find unusual. I am interested in learning more from young people (16-25-year-olds) and group facilitators about their experiences of these types of groups and explore the potential impact that these groups have on young people's lives. I hope this research will improve the support that is provided to young people who hear voices.

Why have you been asked to participate?

I am inviting facilitators of Hearing Voices Groups for young people to take part in my research. This means facilitating groups that have been set-up specifically for young people or, if you've facilitated generic Hearing Voices Groups, groups that have been attended by young people. If you have facilitated at least 3 of these group sessions, currently or in the past, you are eligible to take part in the study. I am interested to speak to all types of group facilitators, including those employed by NHS/third-sector organisations, volunteers, and people with lived experience of hearing voices or of having attended Hearing Voices Groups.

I am not looking for ‘experts’ on the topic, but I see you as experts in your own experiences and you will be treated with respect. It is entirely up to you whether you take part or not, participation is voluntary.

What will your participation involve?
If you agree to take part, I will ask you to sign a written consent form, and you will be invited to take part in a one-to-one interview, where you will be asked about your experiences of facilitating Hearing Voices Groups. This will be informal and hopefully feel more like a conversation between you and I.

The interviews will take place on MS Teams at a time that is convenient for you and will last up to one-hour, depending on how much you want to share with me. You will need access to a device with internet connection and a place you feel comfortable speaking freely with me. You are welcome to use video as well as audio, or just audio. The interviews will be recorded so I can make sure I have an accurate representation of our conversation for the write-up of the research. These recordings will not be shared with anyone.

If you decide to participate, I would like to offer you a £10 voucher (Amazon only) for your time and expertise. For this, you will need to provide me with your full name, address, date of birth and National Insurance number. The voucher is voluntary and is not a requirement for participation.

Can I change my mind?
You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. You may also request to withdraw your data even after you have participated, as long as you let me know within three weeks of the interview. After this point, I will have started analysing the data and withdrawal is no longer possible.

Are there any disadvantages to taking part?
I hope you feel comfortable and safe during your interview. If at any point you feel distressed, for instance, if some of the questions remind you of difficult experiences, please let me know and I will support you through this. You can take a break at any point during our conversation, skip questions or end the interview without explanation.

Your taking part will be safe and confidential.
Your privacy and safety will be respected at all times. The interview recording will be typed out, and at this point, all identifying details (like names and places) will be removed. The interview recordings will then be deleted. While quotes from the interviews may be included in the write-up of the research, these quotes will not contain any identifiable information.

I would only break this confidentiality if I believed that there was a risk to you or to someone else, however, I would always try to discuss this with you beforehand.

What will happen to the information that you provide?
The interview will be recorded and transcribed by MS Teams. The transcriptions will be stored securely on a password-protected device. All identifying information will be removed from the transcriptions. Your anonymised data will be seen by my supervisors and the people who mark my thesis. After the study has been completed, the recordings will be deleted. The transcripts of the interviews will be kept for three years following completion in keeping with data management procedures.

If you are interested in receiving a summary of the findings once the study is completed, you can let me know and I will share this with you using your preferred contact details.

Who has reviewed the research?
My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Who can I contact if I have any questions/concerns?
If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me:

Camilla Giachero, Trainee Clinical Psychologist, University of East London
Email: u2075202@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Dr Matthew Boardman. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.boardman@uel.ac.uk

or

Chair of School Research Ethics Committee: Dr Trishna Patel, School of Psychology,
University of East London, Water Lane, London E15 4LZ.
Email: t.patel@uel.ac.uk

Thank you for reading and showing interest in this study.

Appendix F: Consent Forms

Young People Version

CONSENT TO PARTICIPATE IN A RESEARCH STUDY
(Young Person)

Hearing Voices Groups and their impact: The experiences of young people and group facilitators

Contact person: Camilla Giachero, Trainee Clinical Psychologist, UEL
Email: u2075202@uel.ac.uk

	Please initial
I confirm that I have read the participant information sheet dated 14/11/2022 (version 3) for the above study and that I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I am not currently experiencing a mental health crisis.	
I understand that my participation in the study is voluntary and that I may withdraw at any time, without explanation or disadvantage.	
I understand that if I withdraw during the study, my data will not be used.	
I understand that I have 3 weeks from the date of the interview to withdraw my data from the study.	
I understand that the interview will be recorded using MS Teams.	
I understand that my personal information and data, including audio/video recordings, from the research will be securely stored and remain confidential. Only the research team will have access to this information, to which I give my permission.	
It has been explained to me what will happen to the data once the research has been completed.	
I understand that short, anonymised quotes from my interview be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	

Optional: I would like to receive a voluntary £10 voucher (Amazon) and am willing to provide my full name, address, date of birth and National Insurance number for this to be actioned.	
Optional: I would like to receive a summary of the study findings once the study is completed and am willing to provide contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Full Name (BLOCK CAPITALS):

Participant's Signature *(if completing online, please re-type your full name)*:

Researcher's Full Name (BLOCK CAPITALS):

Researcher's Signature *(if completing online, please re-type your full name)*:

Date:

Group Facilitator Version

CONSENT TO PARTICIPATE IN A RESEARCH STUDY
(Group Facilitator)

Hearing Voices Groups and their impact: The experiences of young people and group facilitators

Contact person: Camilla Giachero, Trainee Clinical Psychologist, UEL
Email: u2075202@uel.ac.uk

	Please initial
I confirm that I have read the participant information sheet dated 15/11/2022 (version 1) for the above study and that I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation in the study is voluntary and that I may withdraw at any time, without explanation or disadvantage.	
I understand that if I withdraw during the study, my data will not be used.	
I understand that I have 3 weeks from the date of the interview to withdraw my data from the study.	
I understand that the interview will be recorded using MS Teams.	
I understand that my personal information and data, including audio/video recordings, from the research will be securely stored and remain confidential. Only the research team will have access to this information, to which I give my permission.	
It has been explained to me what will happen to the data once the research has been completed.	
I understand that short, anonymised quotes from my interview be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	
Optional: I would like to receive a voluntary £10 voucher (Amazon) and am willing to provide my full name, address, date of birth and National Insurance number for this to be actioned.	

Optional: I would like to receive a summary of the study findings once the study is completed and am willing to provide contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Full Name (BLOCK CAPITALS):

Participant's Signature *(if completing online, please re-type your full name)*:

Researcher's Full Name (BLOCK CAPITALS):

Researcher's Signature *(if completing online, please re-type your full name)*:

Date:

Appendix G: Data Management Plan

UEL Data Management Plan

Completed plans must be sent to researchdata@uel.ac.uk for review

If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Camilla Giachero
PI/Researcher ID (e.g. ORCiD)	UEL ID: 2075202 ORCiD: 0000-0002-7626-0402
PI/Researcher email	U2075202@uel.ac.uk
Research Title	Hearing Voices Groups and their impact: The experiences of young people and group facilitators
Project ID	N/A
Research start date and duration	February 2022 – September 2023
Research Description	Hearing voices is a common but heterogeneous experience in young people, with some requiring further support due to high levels of distress. There is a lack of research into young voice-hearers' experiences. However, first findings suggest that young people would like support to be more normalising and holistic. The Hearing Voices Movement considers hearing voices as a meaningful human experience; the resulting Hearing Voices

	Groups (HVGs) are peer-led support groups that promote meaning-making of voice-hearing. Studies with adults show that these groups are associated with positive outcomes, including improving isolation, self-esteem and distress levels. Using semi-structured interviews, this study will explore how young people (16–25-year-olds) who hear voices experience their participation in HVGs and whether they have had an impact on their quality of life. Due to HVGs for young people being limited in existence currently, this study will also explore group facilitators' experiences of HVGs for young people to add to the knowledge base of the impact of these groups for young people. Interviews will be analysed through Thematic Analysis. This research may inform support provided to young voice-hearers.
Funder	N/A – part of Professional Doctorate in Clinical Psychology
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	17.02.2022
Date of last update (of DMP)	05.04.2023
Related Policies	- BPS Practice Guidelines Third Edition 2017 - Research Data Management Policy - UEL Data Backup Policy
Does this research follow on from previous research? If so, provide details	N/A – This is a stand-alone research policy.
Data Collection	
What data will you collect or create?	Personal data (names, email address and/or telephone number) will be collected for purposes of arranging interviews via the researcher's UEL email address. Personal data (names) will be collected on consent forms. If people choose to opt-in to receive £10 vouchers for their participation, they will also need to provide their address, date of birth and national insurance number. If people choose to receive a summary of the findings once the research is completed, participants will be asked to share their preferred contact details. Approximately 8 interviews lasting approximately 1 hour will be conducted and recorded (audio and video) via MS Teams.

	Participants will be asked to share demographic data (age, ethnicity and gender) at the start of the interviews. The recordings will not be kept for longer than necessary to complete transcription. Transcriptions will be created and saved as Word documents (.docx file formats). No sensitive data will be collected. No further data will be created in the process of analysing the transcripts.
How will the data be collected or created?	Consent forms will be distributed via researcher's UEL email account and saved on secure One Drive UEL account. Interviews will be conducted and recorded remotely using Microsoft Teams installed on the interviewer's personal laptop. The recordings and automatic transcriptions will be downloaded in .vtt format from Microsoft Stream Library, with the resulting .mp4 files transferred to OneDrive. Recordings will be stored following the file-naming convention: Thesis Recording-CG-[ParticipantNumber]-[Location]-[Date].Ext An interview schedule will be developed so that a standard format is followed. The auto-transcriptions will be reviewed and edited by the researcher. The transcriptions will be saved on secure One Drive UEL account. Using following file-naming convention: Thesis Transcript-CG-[ParticipantNumber]-[Location]-[Date].docx Participants will be given pseudonyms and codes for pseudonyms to re-identify participants will be stored separately to the transcripts. All other identifiable information (e.g., location, identifiable scenarios) will be anonymised in the transcripts. NVivo (downloaded using UEL licence) will be used to support analysis of the interview transcripts.
Documentation and Metadata	
What documentation and metadata will accompany the data?	Participant information sheets, consent forms, semi-structured interview schedule, debrief sheets, pseudonymisation log, record of file-naming conventions used.

Ethics and Intellectual Property	
Identify any ethical issues and how these will be managed	UEL Ethics approval will be sought before recruitment can take place. During recruitment, information sheets will be given to potential participants and given again prior to interviews. The nature and aims of the study will also be fully explained by the researcher. Written consent will be gained which will clearly state what participation entails, and participants will be debriefed post interview. Participants will be informed that participation is voluntary. All participants have the right to withdraw from research prior to data analysis, this date will be given to participants throughout all information given. Participants will be informed that their identifying data will be kept confidential and stored securely. Participants will be informed how data are shared and archived post-project. Interviews will be recorded on Microsoft Teams, resulting recordings and transcriptions will be will be stored on UEL OneDrive which is encrypted and only accessed via multi-Factor authentication. All data will be anonymised. Identifiable information will be anonymised. Participants will be given pseudonyms, which will follow process outlined above. Data protection legislation will be complied (DPA 2018, GDPR), by issuing privacy notice, minimising amount of data collected, storing data within EU, and robust anonymisation. Participants will be informed that they are welcome to take breaks during the interviews. Any distress occurring during the interview will be managed in the same way the researcher would manage distress in clinical work. The supervisor will always be aware of where and when interviews are occurring. All participants will be signposted to relevant support services post interview. Exclusion criteria mean that people experiencing a current mental health crisis are not eligible for participation. Participants aged 16 and 17 will be encouraged to seek parental consent to participate in research, however, this is not a requirement for their participation in the research.
Identify any copyright and Intellectual Property Rights issues and how these will be managed	N/A

Storage and Backup	
How will the data be stored and backed up during the research?	- All data will be stored on UEL OneDrive for business cloud, which is encrypted. - Audio/video files and transcripts will be stored in separate folders only accessible by the researcher on UEL OneDrive for business. - Transcripts will be stored on both the researcher's and supervisor's secure accounts (so there is a backup). - Consent forms will be stored separately from both the transcripts and recordings.
How will you manage access and security?	- Access to laptop is secured with use of password and UEL systems are accessed using multi-Factor authentication. - Anonymised transcripts will be shared with supervisor using secure links via UEL One Drive. - Only the researcher, supervisor and examiners will have access to anonymised transcripts. Transcripts will be saved using participant numbers in the file name to protect participants' identities. Transcripts will be saved in a separate folder to video recordings. - Consent forms will be stored in UEL OneDrive for Business in a separate folder.
Data Sharing	
How will you share the data?	- Short extracts of transcripts will be provided in the final write-up of the research and any subsequent publications. Identifiable information will not be included in these extracts. - The thesis will be publicly accessible on UEL's Research Repository' and might be submitted to be published in psychology journals, used in presentations, reports or other methods with academics, or professionals in meetings/ conferences. Participants will be made aware of this and will be required to consent to this. - The anonymised data underpinning the research will not be deposited and shared on the UEL Research Repository.
Are any restrictions on data sharing required?	Only anonymised extracts of qualitative feedback data will be presented in the thesis and resulting papers, presentations, etc. In order to ensure participant confidentiality, apart from anonymised recordings, other data will not be shared with anyone outside of the research team.
Selection and Preservation	

Which data are of long-term value and should be retained, shared, and/or preserved?	Electronic copies of consent forms will be kept until the thesis has been examined and passed. They will then be erased from the secure server. Audio and video files will be deleted as soon as they have been transcribed.
What is the long-term preservation plan for the data?	Transcripts will be kept for three years on UEL's OneDrive for business by the research supervisor, after which point, they will be deleted. These are kept securely within UEL servers but may be needed for further publication following the thesis examination.
Responsibilities and Resources	
Who will be responsible for data management?	Primary Researcher: Camilla Giachero Director of Studies: Dr Matthew Boardman
What resources will you require to deliver your plan?	Laptop, access to UEL's OneDrive for Business, access to MS Teams using UEL account.
Review	
	Please send your plan to researchdata@uel.ac.uk **We will review within 5 working days and request further information or amendments as required before signing**
Date: 05/04/2023	Reviewer name: Joshua Fallon Assistant Librarian (Research Data Management)

Appendix H: UEL Voucher Claim Form

UNIVERSITY OF EAST LONDON
SCHOOL OF PSYCHOLOGY

PARTICIPANT VOUCHER CLAIM FORM 2022-23

Recipient Name: …………

Recipient Title: ……….

Home Address: …………

Term-time Address: ____
(if applicable)

____

____

National Insurance No:

UEL Student No: ________________________ **Date of Birth:** ……………..
(if applicable

Amount Received: **£ . p**

Voucher Serial No(s):

Date received: ……………..

I declare that this is the first such claim I have made in the current tax year. I receive no other earnings from the University of East London.

N.B. – If either of the above statements does not apply, please let the University Project Manager know as you will not be entitled to this one-off cash payment

Recipient Signature: ……………

Issuer Name:

Issuer Signature:

Issue Date:

Project Manager Authorisation:

____

Project Code:

____

Appendix I: UEL Risk Assessment Form

UEL Risk Assessment Form

Name of Assessor:	**Camilla Giachero**	**Date of Assessment:**	05.04.2022
Activity title:	**Hearing Voices Groups and their impact: The experiences of young people and group facilitators**	**Location of activity:**	**Online via MS Teams**
Signed off by Manager: (Print Name)	**Matthew Boardman**	**Date and time: (if applicable)**	
Please describe the activity/event in as much detail as possible (include nature of activity, estimated number of participants, etc.). **If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:**			
Young people (aged 16-25) will be asked to take part in an hour-long interview on MS Teams to discuss their experiences of attending Hearing Voices Groups (peer support groups for young people who have unusual sensory experiences) and explore the potential impact these groups have had on their quality of life. Group facilitators will be asked about their experiences of facilitating Hearing Voices Groups for young people.			
Overview of FIELD TRIP or EVENT:			
N/A			

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity

Hazards identified	Who is at risk?	Existing Controls	Likelihood	Severity	Residual Risk Rating (Likelihood x Severity)	Additional control measures required (if any)	Final risk rating
Risk of participant becoming upset during the interview	Participants	Participants informed in advance of the nature and contents of the interview. Exclusion criteria include young people who are experiencing current mental health crisis. Sources of support identified within debriefing sheet. Participants will be informed that they can skip questions or end the interview without needing to give an explanation.	1	1	1		1

Risk of researcher becoming distressed due to the interviews	Researcher	Researcher aware of the nature and contents of the study. Any difficulties will be discussed in supervision with Director of Studies. Researcher will contact supervisor outside of this if required.	1	1	1		1

Review Date

Appendix J: Debrief Sheets

Young People Version

PARTICIPANT DEBRIEF SHEET
(Young Person)

Hearing Voices Groups and their impact: The experiences of young people and group facilitators

Thank you for participating in my research study on experiences of Hearing Voices Groups for young people. Your contributions and time are greatly appreciated.

Here is some information I would like to remind you of:

- Your data will be stored securely, and any information that you have given that will be included in my thesis, and any resultant publications, will be anonymised. This means that your name and any identifying information will be removed completely.
- If for any reason you would like to withdraw from the study, you can do this within three weeks of the interview date. After this, it will not be possible to remove your data from the final write up, but all identifying information will be removed as explained above.

What if I feel distressed by having taken part or would like further support?

Sometimes participating in research can feel challenging, distressing or uncomfortable in some way. If you would like further support, you may find the following resources/services helpful:

- Voice Collective supports young people who have 'unusual' sensory experiences or beliefs. Visit http://www.voicecollective.co.uk/ to find out more about what they offer.
- Call the Samaritans (24/7) on 116 123 for free and confidential mental health support.
- Find your local mental health line (England only) on https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline
- Text Shout (24/7) on 85258 for free and confidential mental health support.

Thank you again for taking part in this study. Here are relevant contact details:

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Camilla Giachero, Trainee Clinical Psychologist, University of East London
Email: **u2075202@uel.ac.uk**

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Dr Matthew Boardman. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.boardman@uel.ac.uk

or

Chair of School Research Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.patel@uel.ac.uk)

Group Facilitator Version

PARTICIPANT DEBRIEF SHEET
(Group Facilitator)

Hearing Voices Groups and their impact: The experiences of young people and group facilitators

Thank you for participating in my research study on Hearing Voices Groups for young people. Your contributions and time are greatly appreciated.

Here is some information I would like to remind you of:

- Your data will be stored securely, and any information that you have given that will be included in my thesis, and any resultant publications, will be anonymised. This means that your name and any identifying information will be removed completely.
- If for any reason you would like to withdraw from the study, you can do this within three weeks of the interview date. After this, it will not be possible to remove your data from the final write up, but all identifying information will be removed as explained above.

What if I feel distressed by having taken part or would like further support?

Sometimes participating in research can feel challenging, distressing or uncomfortable in some way. If you would like further support, you may find the following resources/services helpful:

- Contact your GP if you would like to access your local NHS mental health support.
- Call the Samaritans (24/7) on 116 123 for free and confidential mental health support.
- Text Shout (24/7) on 85258 for free and confidential mental health support.
- The Voice Collective provides support, training and information to staff/services who work with young people who have 'unusual' sensory experiences or beliefs. Visit http://www.voicecollective.co.uk/ to find out more about what they offer.

Thank you again for taking part in this study. Here are relevant contact details:

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Camilla Giachero, Trainee Clinical Psychologist, University of East London
Email: **u2075202@uel.ac.uk**

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Dr Matthew Boardman. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: m.boardman@uel.ac.uk

or

Chair of School Research Ethics Committee: Dr Trishna Patel, School of Psychology,
University of East London, Water Lane, London E15 4LZ.
(Email: t.patel@uel.ac.uk)

Appendix K: Narrative of Recruitment Phase

Recruitment spanned ten months. The original aim was to recruit YP who had attended YP's HVGs. A study advert (Appendix L) was designed outlining key information, including the researcher's contact email. The researcher created specific social media accounts for recruitment. Twitter was used to share the study advert; this was done at regular intervals and various organisations and individuals re-tweeted the advert. The advert was shared on two relevant Facebook groups. As the recruitment phase progressed, the researcher also created a TikTok account and posted two videos about the study, in the hope of reaching a younger audience. Throughout the recruitment process, the researcher was in contact with a charity supporting young voice-hearers, which will be referred to as the Charity. The Charity agreed to include the advert in their monthly newsletter, but was unable to introduce the researcher to YP accessing their support, due to their own protocols, including confidentiality agreements.

The researcher was proactive in keeping a social media presence as well as reaching out to relevant organisations and known people in the field requesting their support in reaching YP who have attended HVGs. Many of the HVGs that were contacted responded that they did not have specific YP groups nor YP attending their adult HVGs. One HVG branch agreed to advertise the study. The researcher also attended three virtual networking events related to the research topic. Various ethics amendments (Appendix D) were completed to the recruitment strategy that allowed the researcher to proactively contact relevant accounts on social media to discuss participation, which was done once, and allowed the researcher to recruit via their personal network by sharing study details with people who may know potential participants.

Six months into the recruitment phase, only seven people had reached out to express their interest, six via email and one via social media. Three of these were YP who went on to participate in the study. A further two YP engaged in an introductory meeting where the researcher gave them more information about the study, but ultimately they declined to participate in the study, both stating they were uncomfortable sharing personal information needed for the consent form and the optional voucher. Another YP asked via email additional information about the recording process and then stated they did not want to participate. Lastly, a parent of a young voice-hearer reached out, but their child was not eligible to participate as they had not yet attended a HVG.

Recruitment was predicted to be challenging given the stigma around hearing voices acting as a barrier to disclosure (Bogen-Johnston et al., 2019), and the lack of YP's HVGs limiting the pool of YP who met the inclusion criteria. The researcher was acutely aware that it was a big ask for YP to participate in the study as it involved speaking to a stranger about personal things related to voice-hearing. Due to time constraints and not being able to join YP's HVGs, the researcher was unable to develop professional relationships with YP that may have enabled YP to feel more comfortable in participating in the study. YP who did reach out had apparent safety concerns, for instance regarding sharing personal information or being recorded. The researcher felt these worries were understandable, potentially based on mistrust of services and professionals as a result of past harmful experiences, or due to possible concerns over data protection. To remedy, the researcher designed an additional poster that explained what YP could expect if they participated, including the safety and confidentiality aspects (Appendix L). This poster was shared with the Charity and on social media.

Due to the paucity of research on YP's HVGs, the researcher felt it was important to find a way to amplify the perspectives of young voice-hearers. It was therefore decided, in consultation with the study supervisor and the Charity, to extend the focus of the study. Various strategies were considered but ultimately group facilitators were thought to be best placed to add to the knowledge base of YP's HVGs, due to their involvement in these groups. An additional research advert was designed (Appendix L) and a similar recruitment strategy was taken, utilising social media and the researcher's professional network. In the space of two months, six facilitators made contact and proceeded to participate in the study. Recruitment for YP remained open with one further YP expressing interest and participating in the study.

Appendix L: Study Adverts

Photo of researcher removed for thesis submission purposes.

HAVE YOU ATTENDED A HEARING VOICES GROUP FOR YOUNG PEOPLE?

- My aim is to better understand how young people experience attending Hearing Voices Groups and whether these groups impact their lives.
- My aim is to improve the support available to young voice-hearers.
- To achieve this, I need to hear directly from young people.

I WOULD LIKE TO INVITE YOU TO PARTICIPATE IN THIS RESEARCH:

- Your participation will consist of a phone or video call of about 1 hour.
- You will receive a £10 Amazon voucher to thank you for your time and expertise.

I'D LOVE TO HEAR FROM YOU IF YOU:

- Live in the UK and are 16 - 25 years old,
- Hear voices or have other sensory/unusual experiences,
- Have attended 3 or more Hearing Voices Groups (or equivalent peer-support groups) in the past or currently.

Please contact me, **Camilla Giachero**, on **u2075202@uel.ac.uk**, for more information.
All enquiries and interviews are confidential. This research is carried out as part of my Clinical Psychology Doctorate and has ethical approval from the University of East London.

[redacted]

University of East London

WHAT CAN I EXPECT IF I AM INTERESTED IN PARTICIPATING?

You may have lots of questions about security and safety before participating in research so I hope to make this experience as comfortable as possible for you.

- We will first have a short initial meeting - this is a chance for you to ask me any questions and for me to briefly ask about which group you have attended.
- If you are happy to go ahead with the interview, you will send me a signed consent form and we will arrange a time to meet.
- We will meet on Microsoft Teams and decide together whether you have your camera on or off. You can also type your answers if you prefer to not use audio.
- The meeting will last up to an hour. This will be recorded and saved securely so I can write up the conversation to use as data in the research write-up.
- The recording will be deleted once I have transcribed the interview. All personal information will be anonymised in the write-up.
- I can offer a £10 amazon voucher to thank you for your time. I do require some personal information to be able to issue you the voucher. The voucher is voluntary so you can still participate in the research if you choose you do not want to share personal details with me.
- All data (recordings, transcriptions, personal information) is saved in my secure and encrypted university account. I am the only person who has access to this.

Please contact me, **Camilla Giachero,** on **u2075202@uel.ac.uk**, for more information.
All enquiries and interviews are confidential. This research is carried out as part of my Clinical Psychology Doctorate and has ethical approval from the University of East London.

[redacted]

HAVE YOU FACILITATED HEARING VOICES GROUPS FOR YOUNG PEOPLE?

- My aim is to improve the support available to young voice-hearers. I am speaking to young people about their experiences of attending Hearing Voices Groups and whether these groups impact their lives.
- In addition, I would like to speak to facilitators of Hearing Voices Groups for young people to hear their experiences of facilitating these groups.
- In this research, young people refers to 16-25 years olds.

I WOULD LIKE TO INVITE YOU TO PARTICIPATE IN THIS RESEARCH:

- Your participation will consist of a video call of about 1 hour.
- You can opt-in to receive a £10 Amazon voucher to thank you for your time.

I'D LOVE TO HEAR FROM YOU IF YOU:

- Live in the UK,
- Have facilitated at least 3 sessions of Hearing Voices Groups (in the past or currently),
- These groups were set-up for young people OR the sessions you've facilitated have been attended by young people.

Please contact me, **Camilla Giachero**, on **u2075202@uel.ac.uk**, for more information.
All enquiries and interviews are confidential. This research is carried out as part of my Clinical Psychology Doctorate and has ethical approval from the University of East London.

[redacted]

Appendix M: Interview Schedules

Interview Schedule (young people)

The interviews will be semi-structured. The schedule offers a framework of areas to be discussed. The open-ended questions allow the researcher to react in a flexible way to the participant's replies.

1) I would like to speak to a diverse and representative group of young people. Are you happy to share your age, ethnicity and gender with me?

2) I would like to find out more about your attendance at what I will be referring to as Hearing Voices Groups (HVGs). These groups are open to all young people with different sensory experiences, including hearing voices and visions, or other experiences and thoughts that others may describe as unusual.
   Prompts:
- How did you find out about these groups?
- How many HVGs have you attended?
- Have you stopped attending these groups? If so, for any reason in particular?

3) What do you find helpful or like about HVGs?
   Prompts:
- Would you recommend HVGs to someone who had similar experiences?

4) What do you find unhelpful or not like about HVGs?
   Prompts:
- How would you improve the groups if you could?

5) Do you feel HVGs have had an impact on your quality of life?
   Prompts:
- What difference has it made going to the groups?

6) Has the group had an impact on your voice-hearing experiences?

7) Did the HVGs meet the needs or goals you had when you had initially decided to attend?

8) Have you accessed other forms of support for hearing voices?

9) Is there anything else you would like to speak about in relation to HVGs that we haven’t covered?

Interview Schedule (group facilitators)
The interviews will be semi-structured. The schedule offers a framework of areas to be discussed. The open-ended questions allow the researcher to react in a flexible way to the participant's replies.

1) I would like to speak to a diverse and representative group of people. Are you happy to share your age, ethnicity and gender with me?

2) I would like to find out more about your experiences of facilitating what I will be referring to as Hearing Voices Groups (HVGs). These groups are open to all young people (YP) with different sensory experiences, including hearing voices and visions, or other experiences and thoughts that others may describe as unusual.
Prompts:
- How did you get involved in the facilitation of these groups?
- How many HVGs have you facilitated? Can you briefly describe the set-up of the HVG you facilitate (e.g., setting, age range, name, etc.)?

3) What have your experiences been like as a facilitator of HVGs for YP?
Prompts:
- Do you identify as being a staff facilitator or a peer facilitator?
- Experiences that are specific as a facilitator of HVGs for YP?

4) What do you think is helpful about HVGs for YP? What do you think young people find helpful or like about HVGs?
Prompts:
- Would you recommend HVGs to other young people who had similar experiences?

5) What do you think is unhelpful about HVGs for YP? What do you think young people find unhelpful or not like about HVGs?
Prompts:
- How would you improve the groups if you could?

6) Do you feel HVGs have had an impact on young people’s quality of life?

7) Do you think HVGs have had an impact on young people’s voice-hearing experiences?

8) Do you think HVGs meet the needs or goals that young people had when they initially decided to attend?

9) Have the young people accessed other forms of support for hearing voices?

10) Is there anything else you would like to speak about in relation to HVGs that we haven’t covered?

Appendix N: Transcription Conventions

Adapted from Banister et al. (2011):

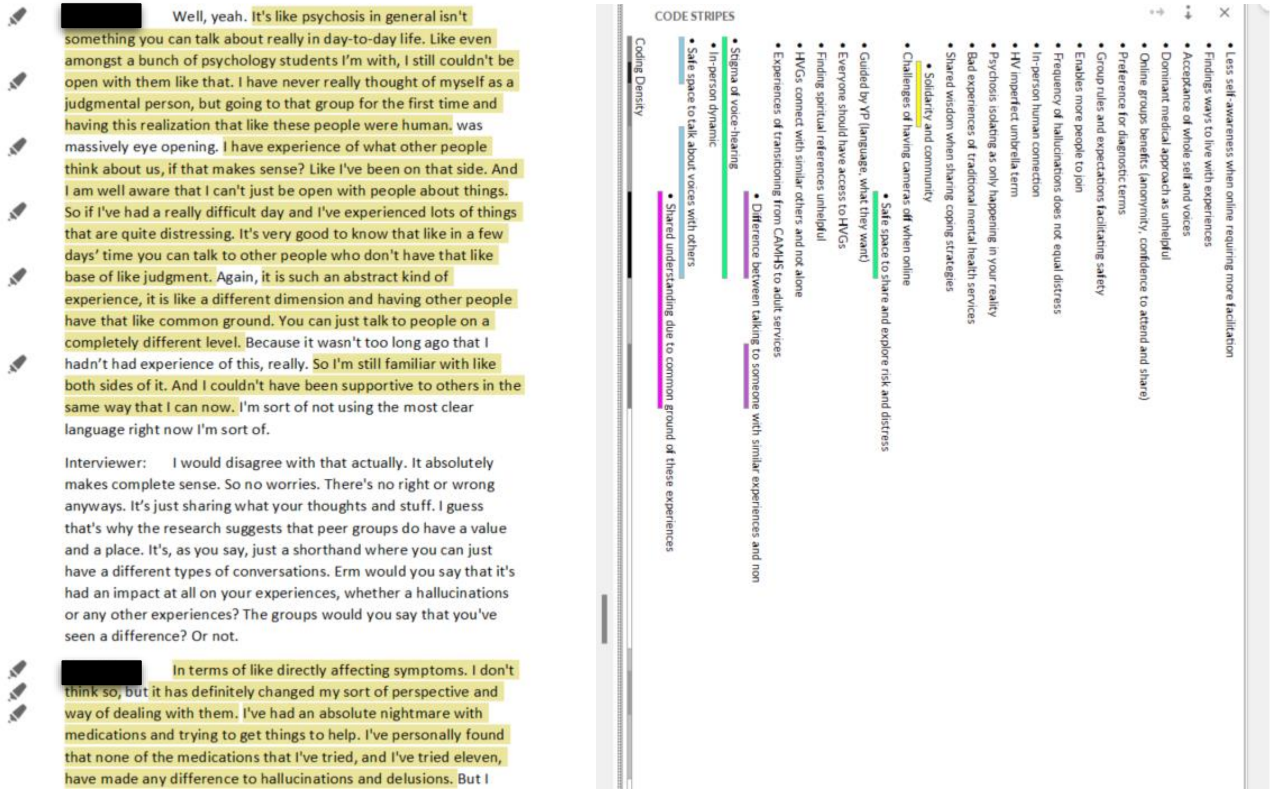
(.)	Pause.
(2)	Two second pause.
[inaudible]	Inaudible section of transcript.
[laughter]	Laughter during the interview.
/	Marks interruptions and overlapping talk.
.,	Extracts are punctuated to facilitate reading.
[Name 1]	All names were anonymised.
[Place 1]	All places, organisations and groups were anonymised.
[Text]	Contextual information is included if a part of the extract is ambiguous.
[…]	Superfluous words that do not add to the overall meaning have been omitted to shorten extracts within the Results section.

Repeated colloquialisms and filler words, such as ‘like’ and ‘you know’, were not included to facilitate readability.

Appendix O: Examples of Coded Transcripts

Names are redacted as originally had intended to use pseudonyms, but ultimately used participant numbers to allow distinction between young people and group facilitators.

YP4 Transcript

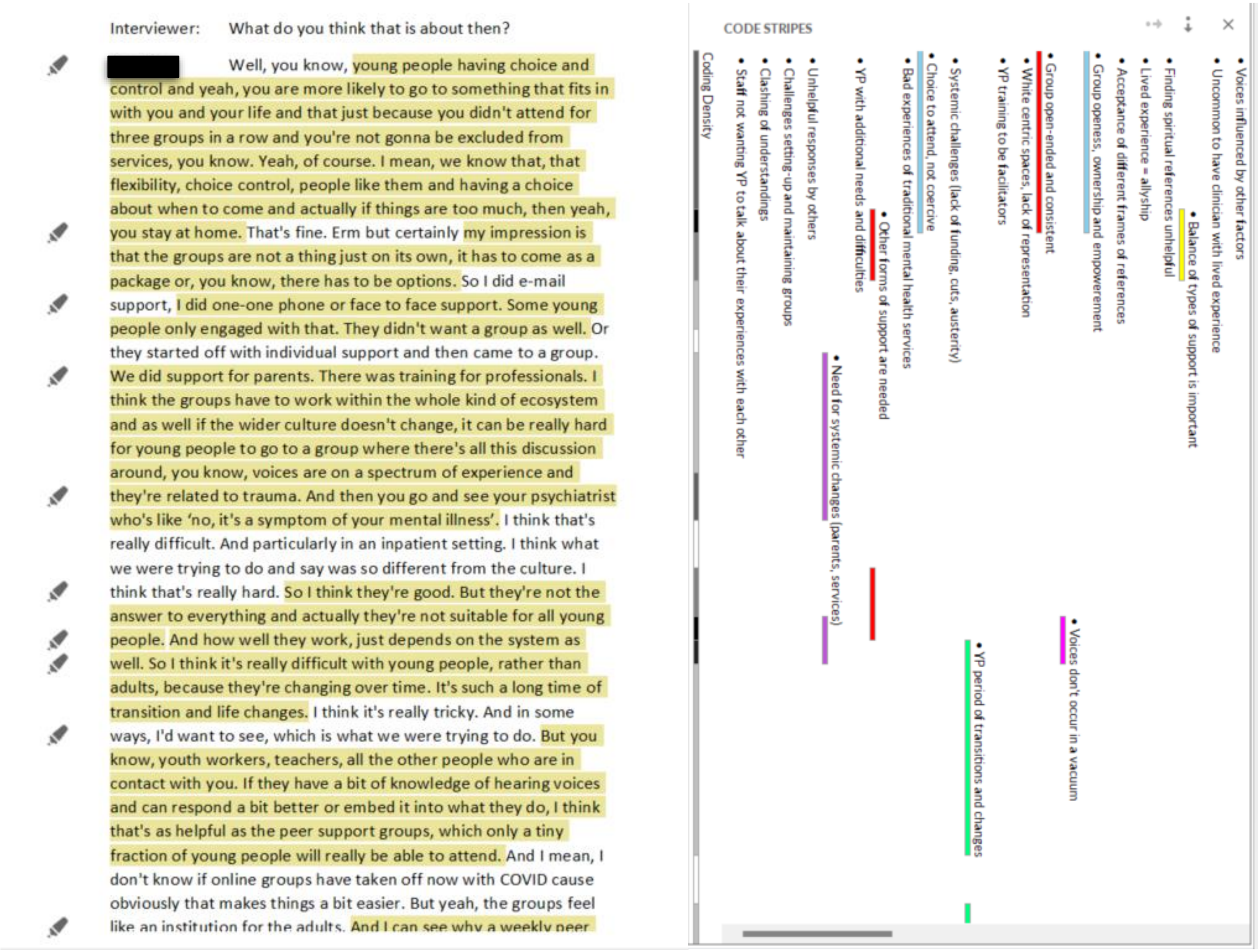


[redacted] Well, yeah. It's like psychosis in general isn't something you can talk about really in day-to-day life. Like even amongst a bunch of psychology students I'm with, I still couldn't be open with them like that. I have never really thought of myself as a judgmental person, but going to that group for the first time and having this realization that like these people were human. was massively eye opening. I have experience of what other people think about us, if that makes sense? Like I've been on that side. And I am well aware that I can't just be open with people about things. So if I've had a really difficult day and I've experienced lots of things that are quite distressing. It's very good to know that like in a few days' time you can talk to other people who don't have that like base of like judgment. Again, it is such an abstract kind of experience, it is like a different dimension and having other people have that like common ground. You can just talk to people on a completely different level. Because it wasn't too long ago that I hadn't had experience of this, really. So I'm still familiar with like both sides of it. And I couldn't have been supportive to others in the same way that I can now. I'm sort of not using the most clear language right now I'm sort of.

Interviewer: I would disagree with that actually. It absolutely makes complete sense. So no worries. There's no right or wrong anyways. It's just sharing what your thoughts and stuff. I guess that's why the research suggests that peer groups do have a value and a place. It's, as you say, just a shorthand where you can just have a different types of conversations. Erm would you say that it's had an impact at all on your experiences, whether a hallucinations or any other experiences? The groups would you say that you've seen a difference? Or not.

[redacted] In terms of like directly affecting symptoms. I don't think so, but it has definitely changed my sort of perspective and way of dealing with them. I've had an absolute nightmare with medications and trying to get things to help. I've personally found that none of the medications that I've tried, and I've tried eleven, have made any difference to hallucinations and delusions. But I

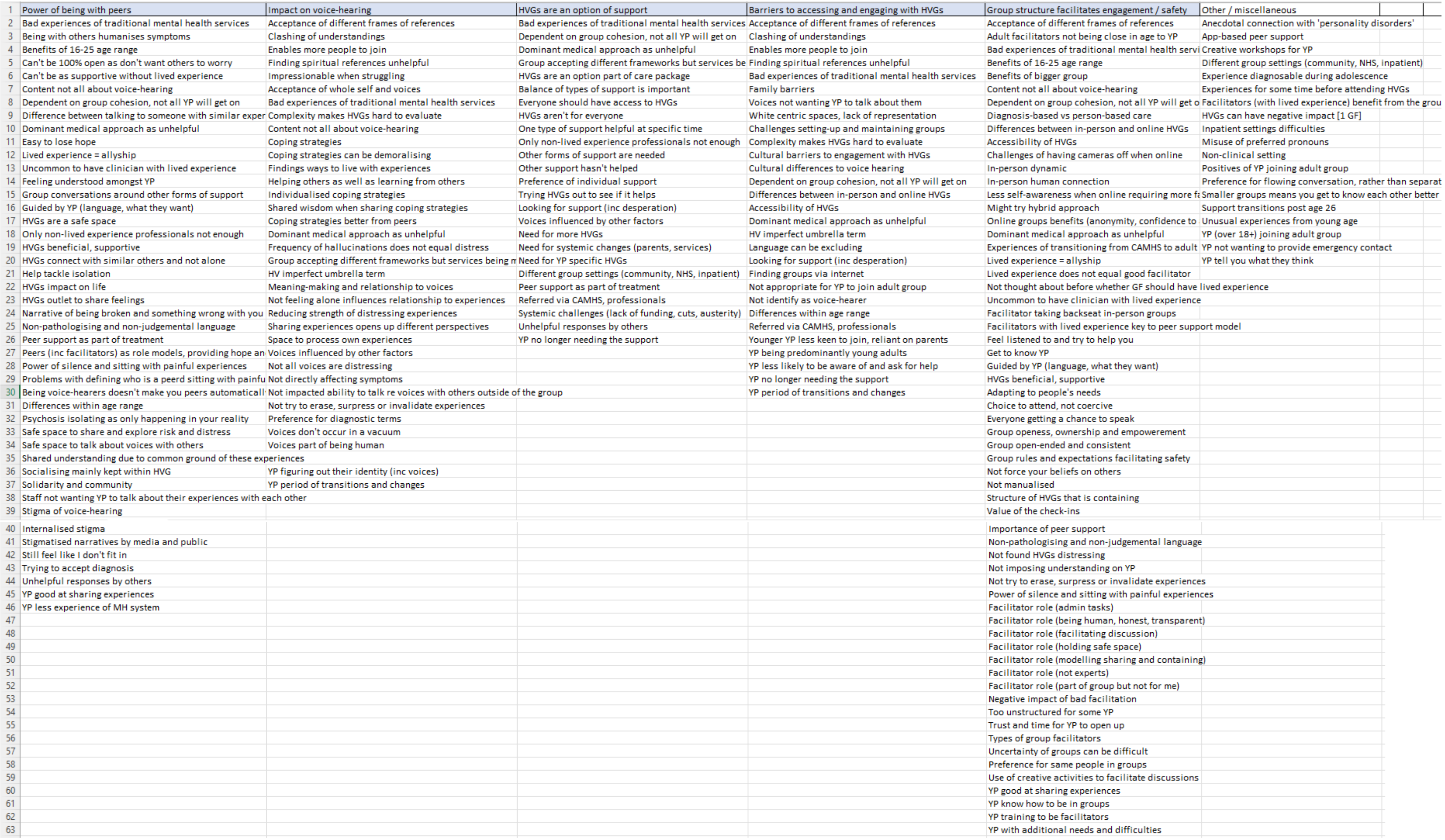
GF5 Transcript



Interviewer: What do you think that is about then?

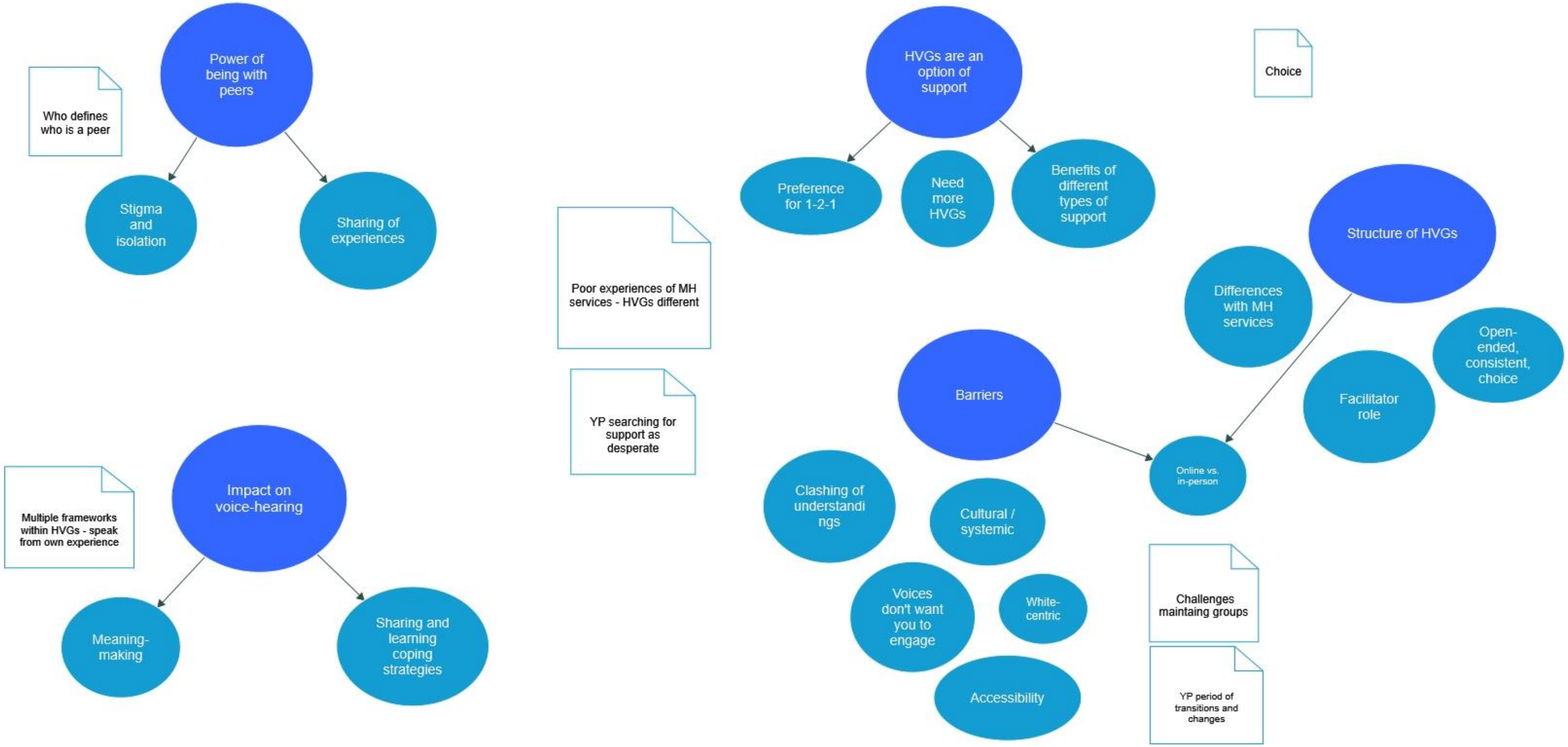
[redacted] Well, you know, young people having choice and control and yeah, you are more likely to go to something that fits in with you and your life and that just because you didn't attend for three groups in a row and you're not gonna be excluded from services, you know. Yeah, of course. I mean, we know that, that flexibility, choice control, people like them and having a choice about when to come and actually if things are too much, then yeah, you stay at home. That's fine. Erm but certainly my impression is that the groups are not a thing just on its own, it has to come as a package or, you know, there has to be options. So I did e-mail support, I did one-one phone or face to face support. Some young people only engaged with that. They didn't want a group as well. Or they started off with individual support and then came to a group. We did support for parents. There was training for professionals. I think the groups have to work within the whole kind of ecosystem and as well if the wider culture doesn't change, it can be really hard for young people to go to a group where there's all this discussion around, you know, voices are on a spectrum of experience and they're related to trauma. And then you go and see your psychiatrist who's like 'no, it's a symptom of your mental illness'. I think that's really difficult. And particularly in an inpatient setting. I think what we were trying to do and say was so different from the culture. I think that's really hard. So I think they're good. But they're not the answer to everything and actually they're not suitable for all young people. And how well they work, just depends on the system as well. So I think it's really difficult with young people, rather than adults, because they're changing over time. It's such a long time of transition and life changes. I think it's really tricky. And in some ways, I'd want to see, which is what we were trying to do. But you know, youth workers, teachers, all the other people who are in contact with you. If they have a bit of knowledge of hearing voices and can respond a bit better or embed it into what they do, I think that's as helpful as the peer support groups, which only a tiny fraction of young people will really be able to attend. And I mean, I don't know if online groups have taken off now with COVID cause obviously that makes things a bit easier. But yeah, the groups feel like an institution for the adults. And I can see why a weekly peer

Appendix P: Initial Codes into Candidate Themes



1	Power of being with peers	Impact on voice-hearing	HVGs are an option of support	Barriers to accessing and engaging with HVGs	Group structure facilitates engagement / safety	Other / miscellaneous
2	Bad experiences of traditional mental health services	Acceptance of different frames of references	Bad experiences of traditional mental health services	Acceptance of different frames of references	Acceptance of different frames of references	Anecdotal connection with 'personality disorders'
3	Being with others humanises symptoms	Clashing of understandings	Dependent on group cohesion, not all YP will get on	Clashing of understandings	Adult facilitators not being close in age to YP	App-based peer support
4	Benefits of 16-25 age range	Enables more people to join	Dominant medical approach as unhelpful	Enables more people to join	Bad experiences of traditional mental health servi	Creative workshops for YP
5	Can't be 100% open as don't want others to worry	Finding spiritual references unhelpful	Group accepting different frameworks but services be	Finding spiritual references unhelpful	Benefits of 16-25 age range	Different group settings (community, NHS, inpatient)
6	Can't be as supportive without lived experience	Impressionable when struggling	HVGs are an option part of care package	Bad experiences of traditional mental health services	Benefits of bigger group	Experience diagnosable during adolescence
7	Content not all about voice-hearing	Acceptance of whole self and voices	Balance of types of support is important	Family barriers	Content not all about voice-hearing	Experiences for some time before attending HVGs
8	Dependent on group cohesion, not all YP will get on	Bad experiences of traditional mental health services	Everyone should have access to HVGs	Voices not wanting YP to talk about them	Dependent on group cohesion, not all YP will get o	Facilitators (with lived experience) benefit from the grou
9	Difference between talking to someone with similar exper	Complexity makes HVGs hard to evaluate	HVGs aren't for everyone	White centric spaces, lack of representation	Diagnosis-based vs person-based care	HVGs can have negative impact [1 GF]
10	Dominant medical approach as unhelpful	Content not all about voice-hearing	One type of support helpful at specific time	Challenges setting-up and maintaining groups	Differences between in-person and online HVGs	Inpatient settings difficulties
11	Easy to lose hope	Coping strategies	Only non-lived experience professionals not enough	Complexity makes HVGs hard to evaluate	Accessibility of HVGs	Misuse of preferred pronouns
12	Lived experience = allyship	Coping strategies can be demoralising	Other forms of support are needed	Cultural barriers to engagement with HVGs	Challenges of having cameras off when online	Non-clinical setting
13	Uncommon to have clinician with lived experience	Findings ways to live with experiences	Other support hasn't helped	Cultural differences to voice hearing	In-person dynamic	Positives of YP joining adult group
14	Feeling understood amongst YP	Helping others as well as learning from others	Preference of individual support	Dependent on group cohesion, not all YP will get on	In-person human connection	Preference for flowing conversation, rather than separat
15	Group conversations around other forms of support	Individualised coping strategies	Trying HVGs out to see if it helps	Differences between in-person and online HVGs	Less self-awareness when online requiring more fa	Smaller groups means you get to know each other better
16	Guided by YP (language, what they want)	Shared wisdom when sharing coping strategies	Looking for support (inc desperation)	Accessibility of HVGs	Might try hybrid approach	Support transitions post age 26
17	HVGs are a safe space	Coping strategies better from peers	Voices influenced by other factors	Dominant medical approach as unhelpful	Online groups benefits (anonymity, confidence to	Unusual experiences from young age
18	Only non-lived experience professionals not enough	Dominant medical approach as unhelpful	Need for more HVGs	HV imperfect umbrella term	Dominant medical approach as unhelpful	YP (over 18+) joining adult group
19	HVGs beneficial, supportive	Frequency of hallucinations does not equal distress	Need for systemic changes (parents, services)	Language can be excluding	Experiences of transitioning from CAMHS to adult	YP not wanting to provide emergency contact
20	HVGs connect with similar others and not alone	Group accepting different frameworks but services being m	Need for YP specific HVGs	Looking for support (inc desperation)	Lived experience = allyship	YP tell you what they think
21	Help tackle isolation	HV imperfect umbrella term	Different group settings (community, NHS, inpatient)	Finding groups via internet	Lived experience does not equal good facilitator	
22	HVGs impact on life	Meaning-making and relationship to voices	Peer support as part of treatment	Not appropriate for YP to join adult group	Not thought about before whether GF should have lived experience	
23	HVGs outlet to share feelings	Not feeling alone influences relationship to experiences	Referred via CAMHS, professionals	Not identify as voice-hearer	Uncommon to have clinician with lived experience	
24	Narrative of being broken and something wrong with you	Reducing strength of distressing experiences	Systemic challenges (lack of funding, cuts, austerity)	Differences within age range	Facilitator taking backseat in-person groups	
25	Non-pathologising and non-judgemental language	Sharing experiences opens up different perspectives	Unhelpful responses by others	Referred via CAMHS, professionals	Facilitators with lived experience key to peer support model	
26	Peer support as part of treatment	Space to process own experiences	YP no longer needing the support	Younger YP less keen to join, reliant on parents	Feel listened to and try to help you	
27	Peers (inc facilitators) as role models, providing hope an	Voices influenced by other factors		YP being predominantly young adults	Get to know YP	
28	Power of silence and sitting with painful experiences	Not all voices are distressing		YP less likely to be aware of and ask for help	Guided by YP (language, what they want)	
29	Problems with defining who is a peerd sitting with painfu	Not directly affecting symptoms		YP no longer needing the support	HVGs beneficial, supportive	
30	Being voice-hearers doesn't make you peers automaticall	Not impacted ability to talk re voices with others outside of the group		YP period of transitions and changes	Adapting to people's needs	
31	Differences within age range	Not try to erase, surpress or invalidate experiences			Choice to attend, not coercive	
32	Psychosis isolating as only happening in your reality	Preference for diagnostic terms			Everyone getting a chance to speak	
33	Safe space to share and explore risk and distress	Voices don't occur in a vacuum			Group openess, ownership and empowerement	
34	Safe space to talk about voices with others	Voices part of being human			Group open-ended and consistent	
35	Shared understanding due to common ground of these experiences				Group rules and expectations facilitating safety	
36	Socialising mainly kept within HVG	YP figuring out their identity (inc voices)			Not force your beliefs on others	
37	Solidarity and community	YP period of transitions and changes			Not manualised	
38	Staff not wanting YP to talk about their experiences with each other				Structure of HVGs that is containing	
39	Stigma of voice-hearing				Value of the check-ins	
40	Internalised stigma				Importance of peer support	
41	Stigmatised narratives by media and public				Non-pathologising and non-judgemental language	
42	Still feel like I don't fit in				Not found HVGs distressing	
43	Trying to accept diagnosis				Not imposing understanding on YP	
44	Unhelpful responses by others				Not try to erase, surpress or invalidate experiences	
45	YP good at sharing experiences				Power of silence and sitting with painful experiences	
46	YP less experience of MH system				Facilitator role (admin tasks)	
47					Facilitator role (being human, honest, transparent)	
48					Facilitator role (facilitating discussion)	
49					Facilitator role (holding safe space)	
50					Facilitator role (modelling sharing and containing)	
51					Facilitator role (not experts)	
52					Facilitator role (part of group but not for me)	
53					Negative impact of bad facilitation	
54					Too unstructured for some YP	
55					Trust and time for YP to open up	
56					Types of group facilitators	
57					Uncertainty of groups can be difficult	
58					Preference for same people in groups	
59					Use of creative activities to facilitate discussions	
60					YP good at sharing experiences	
61					YP know how to be in groups	
62					YP training to be facilitators	
63					YP with additional needs and difficulties	

Appendix Q: Initial Thematic Map



Appendix R: Revised Thematic Map