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i. Short informative title

Introducing the Youth Residential Rehabilitation Service: an operational and experiential overview of a psychosocial residential support option for young people experiencing mental health challenges

ii. Short running title

Youth Residential Rehabilitation Service

iii. Full names of authors

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viii. Conflict of interest statement

Authors PE, KL, RS, RE, PH, RG, KD, MT, SM, TW and RB worked for Neami.

v. Abstract and keywords

Aim A range of residential supports are available for young people experiencing mental health challenges. One Australian example is the Youth Residential Rehabilitation Service, which provides

up to 12 months of intensive psychosocial support in a residential setting to young people aged 16-25 experiencing serious mental health challenges. This paper aimed to add to the scant literature on these services, describing the experiences of young people and staff members across the duration of a stay.

Methods This study drew on collaborative autoethnography to engage and centre the direct lived experience of young people who had lived, and staff who had worked, in a Youth Residential Rehabilitation Service.

Results We identified three phases that young people typically journey through during their stay at the service. The *Arriving* phase was marked by appropriate referrals, a warm welcome, a period of settling in and the development of trusting relationships. The *Discovering* phase saw young people identifying and enacting their strengths, hopes and values. Community connections were a focus of the *Continuing* phase as lives after service exit were envisioned and created.

Conclusions Drawing on collaborative autoethnography methods represents one approach to amplify the voice of young people in service design and evaluation. This paper richly described some of the possibilities and complexities of the Youth Residential Rehabilitation Service experience, which can be used to inform the service's pacing and structure of support.

Key words

Collaborative autoethnography; participatory research; personal recovery; residential care; youth mental health

vi. Main text

Introduction

Most mental disorders begin before age 25 (McGorry, Bates, & Birchwood, 2013), a period of critical social, emotional, and vocational development. While many young people experiencing mental health challenges are still living with their family of origin, others do not have access to family homes and supports that can provide a safe space for healing, recovery, and development. A small number of young people may require an extended residential placement that includes psychosocial support to begin to recover and to enable their progress with the critical developmental tasks of late adolescence and early adulthood (Pecora & English, 2016).

Globally, residential supports for young people are delivered through child welfare, mental health, alcohol and other drug (AOD), and juvenile justice systems (James, 2011). In Australia, state- and territory-based regulatory and funding systems govern youth residential support, which includes statutory foster, kinship and group placements, psychiatric inpatient support, and AOD rehabilitation (McLean, Price-Robertson, & Robinson, 2011). In the state of Victoria, inpatient and statutory supports are complemented by longer-term community-based residential options, such as Youth Residential Rehabilitation Services (YRRSs).

In Victoria, YRRSs support young people aged 16 to 25 years experiencing serious mental health issues. They provide up to 12 months of intensive psychosocial support, delivered in a residential setting. Young people are supported to develop independent living and self-management skills, as well as identify and achieve individual recovery goals across social, health, educational and vocational domains (Department of Health and Human Services, n.d.). Eligibility is not dependent on involvement with statutory services and while many young people have co-occurring alcohol and other drug issues, YRRSs are not withdrawal or substance use programs. As of 2020, there were 16 YRRSs across metropolitan and regional Victoria, funded by the Victorian Department of Health and Human Services (DHHS), and operated by seven non-government organisations.

Little has been published on this service type (Nous Group 2011; Hodges, Pollock, & McMullin, 2013). DHHS requires funded services to develop a trauma-informed, youth developmental framework articulated as a unique model of care (Nous Group, 2011). However, there is no overview of the range of service models delivered by different providers, nor the range of outcome measures utilised.

While young people diagnosed with mental disorders are doubly marginalised - on account of their age and experiences of mental ill-health (Delman, 2012), youth voices are often missing in the design and evaluation of youth services. Authentic participation of service users in program design and evaluation is increasingly regarded as a crucial element of recovery-oriented support and research (Heffernan et al., 2017). Service user involvement enhances relevance and responsiveness, whilst redressing power (Faithfull, Brophy, Pennell, & Simmons, 2019; Green et al., 2019). There is scope to amplify opportunities for young people to design and evaluate the services they use.

There is an emergent body of literature revealing some common elements of effective youth residential care. These include clearly articulated models embedded in an integrated spectrum of mental health support, individualised services based on a shared understanding of needs, family involvement, naturalistic settings that support relational development, and recovery-oriented services that promote safety and autonomy (Bath, 2008; James 2011; McLean 2018; Green et al., 2019). Yet there is no research on the YRRS model from the perspective of the young people who use these services, making it difficult to determine how the model might contribute to positive outcomes for young people. This project addresses this literature gap by drawing on a collaborative autoethnographic approach to richly describe the YRRS model as delivered by one Australian not-for-profit organisation through the lived experience perspectives of young people who use the service and staff who work there. This is the first of a series of papers from a coproduced research

project that investigated what matters to young people in these settings and the factors that contribute to positive outcomes. Specifically, this manuscript presents a description of the three phases of a typical YRRS stay, illuminating the experiences of young people across those phases, along with the phase-focused work required of staff.

Method

Approach

This study is part of a larger study to understand what matters to young people in YRRSs. The broader study used participatory action research (PAR) with qualitative methods underpinned by a coproduction approach that centralised the voices and expertise of young people to inform action (Baum, MacDougall, & Smith, 2006). The overall project was led by a steering group that included three young people living at a YRRS, two staff, two internal researchers, and three external researchers including one young researcher with lived experience of mental health challenges who had not lived at a YRRS. Three additional YRRS residents joined the project in its latter phases.

This study drew on collaborative autoethnography (CAE) to engage the direct lived experience of a self-selected group from the main steering group who had lived, worked in, or observed YRRSs. CAE shares a commitment with PAR and co-production to relational ethics, dispersed power and accountability (Baum, MacDougall, & Smith, 2006; Lapadat, 2017; Roper, Grey & Cadogan, 2018).

Autoethnography is an individual reflexive analysis of self and culture, involving evocative personal storytelling to convey the lived experience of a phenomenon or culture (Ellis & Adams, 2014; Ellis & Bochner, 2000). By extension, CAE brings two or more autoethnographers together, to reflect critically and collaboratively on individual experiences of a shared phenomenon to convey their unique yet thematically united experiences (Chang, Ngunjiri, & Hernandez, 2012; Kidd & Finlayson, 2010; Santiago, Karimi, & Alicea, 2017). Intentionally subjective, CAE values insider knowledge, with

the act of reflexive storytelling allowing researcher/participants to (re)claim voice (Ellis & Adams, 2014; Santiago et al., 2017). Drawing on CAE methods provides a rich way to describe the YRRS model and amplify the voices of young people who have used the service in an empowering act of agency (Ellis & Bochner, 2000).

Setting

This sub-study was conducted across four YRRSs managed by Neami National (Neami). Neami is a community-managed mental health organisation, providing a range of psychosocial supports to enhance wellbeing. The structure and function of Neami's four YRRSs are outlined in Figures 1 and 2.

Insert Figure 1 about here

Insert Figure 2 about here

Procedure

This study was conceived in a steering group conversation as part of the broader YRRS study. All steering group participants were invited to participate. Seven members of the steering group (5 young people who had resided or were residing at a Neami YRRS; 2 staff – 1 support worker, 1 researcher) participated in a series of workshops to capture the Neami YRRS model.

Our procedure is outlined in Figure 3. We began by naming the range of activities and routines we experienced across a day, week, month, and year in the service. Neami YRRS documents, including service manuals, were reviewed by one staff member to identify key operational processes to complement this outline. To enrich this outline, we individually composed narrative descriptions of our service experience over time. No template was provided, allowing individuals to respond with the depth and format of their choice. Initial descriptions ranged from one to four pages. We read our

descriptions to each other, allowing space to explore each other's experiences and relate them to our own. Over time we identified overarching commonalities across our YRRS experiences.

Discussion summaries were compiled and shared within the team by RS. Further contributions were produced in the iterative writing process, which all members were involved in.

Insert Figure 3 about here.

Analysis

Seven steering group members participated in 4 analytic workshops (ranging in length from 2 to 3.5 hours) where descriptions of experiencing, delivering or observing support were reviewed alongside operational processes. Story-telling generated meaning-making conversations. Similar to the approach outlined by Liebenberg, Jamal & Ikeda (2020), our analysis occurred through dialogue. In line with an autoethnographic commitment to emotionality and evocation (Ellis & Bochner, 2000), we curiously probed reflections, asking questions like: 'What was happening for you then? What questions did you have during that time? What did you want to hear or see happen? How might things have been different? What values were you prioritising in your thoughts and actions?' As answers emerged, and collaborative reflections offered, we noted how support needs, priorities, approaches, and our internal emotional context evolved over time. Drawing on Braun & Clarke's approach to thematic analysis (2006), we listed and grouped themes until three discrete, yet linked phases were identified that typified the writing team's experience of the service.

Probing conversations relied on the trusting relationships we had already developed in the steering group of the broader project. Influenced by co-production (Roper, Grey & Cadogan, 2018), foundational and ongoing discussions of how we might identify and address power differentials

fostered the relational safety necessary to engage in reflexive CAE processes of collective self-interrogation (Chang, Ngunjiri, & Hernandez, 2012). Discussions on safe sharing encouraged participation in ways that felt empowering not exploitative, which can occur when you are more accustomed to being the researched than the researcher (Hernandez, Ngunjiri, & Chang, 2015). We preserved some of the safety of this vulnerable space and reduce the potential implication of others in our stories (Ellis & Bochner, 2000), through choosing to refrain from using our names in this paper.

Accountability and credibility were supported through process and participants. Personal experiences were reflected against organisational processes, and both alignment and incongruencies were collectively explored to deepen understanding of what was happening, why and how. We adopted a process consent approach. This meant participation was always welcome but never expected, and that people could participate flexibly depending on their preferred approach at any point-in-time (Munhall, 1991). The limitations of our individual viewpoints were understood as inevitable and noted without judgement, enabling difference to be met with curiosity. As we came from different YRRS sites, roles, dates of stay, and level of project engagement, our different individual perspectives enriched our collective perspective. We checked our analysis with the broader steering group, who offered questions and insights. Ideas were further refined as we wrote our findings through a hybrid of parallel and single author approaches (Chang, Ngunjiri, & Hernandez, 2012). In balancing PAR and CAE approaches, our final manuscript seeks to honour the emotional lived experiences of the authors in an accessible and useful format for youth service providers.

Results

Five young people and 2 staff participated in this study. When we described our experience of the service over time, we identified a series of phases young people typically moved through during

their stay. These were defined not by time, but by the focus of the experience and the work of the program in each phase. Appropriate referrals, a warm welcome, and development of trusting and safe relationships marked the *Arriving* stage, laying the foundations for the *Discovery* phase where young people identified and enacted their strengths, hopes and values. Community connections developed throughout a stay came to the fore in the *Continuing* phase, as young people envisioned and created their life beyond the YRRS. Collective and individual voice are interwoven in the following paragraphs, reflective of our CAE dance between individual and collective meaning-making.

Arriving

The Arriving phase spanned first contact with the service through to physically and emotionally settling into the program. We focused on developing real relationships, establishing a strong foundation for the year ahead. Depending on the person, this process could span a few weeks to many months. For some of us it may have felt easier if we had lived independently before; for others, building trust was slowed by trauma histories. It took time to get used to community norms, and everything was harder when workers changed.

“Because I spent most of my time in my room and slowly adjusting to my new environment, it took about three months before I started to feel comfortable with the residents and staff and able to join groups with them. Having like-minded and respectful people around me who also gave me space when I needed it allowed me to gradually improve my self-esteem and develop the courage to speak more about issues and provide my opinion on activities.... With my confidence improved somewhat, it was with then that I started to develop relationships and bond, some of them still lasting to this day.”

- Young person 1

Intake and assessment processes explored motivation and readiness for the program, risk, and fit with existing residents. For young people, some details remained unsaid if we felt unprepared to discuss heavy topics such as trauma with staff we were unacquainted with. As staff, we tried to temper the vulnerability required of this process with warmth, gentle curiosity, and sensitivity – going at a young person’s pace, providing options without pressure, and remaining informal.

“Because of the length of time between my referral and being contacted by Neami - approximately six months or more - arranging it was difficult and confusing. I didn’t have a support worker yet to help me understand how referral worked. The staff were very nice and gentle when I was struggling to maintain eye contact or be decisive. They told me I can take a break from talking if needed, gave me a bit of time before I had to make the decision to initiate the program or not and didn’t press me on subjects I did not feel comfortable talking about.

- Young person 1

Early support involved exploration beyond diagnosis. Gentle introductions and co-reflections on goals, strengths and values began whilst acknowledging that identifying strengths could be challenging for some. A commitment to mutuality ensured that as staff, we shared elements of our identity too, recalibrating traditional worker/client power differentials.

“It’s our workplace, but their home, and making young people feel welcome from the start is really important. To build a safe, homely vibe, we do welcoming rituals that support belonging. We establish good, strong relationships through mutual sharing, unearthing strengths and possibilities for a hopeful future”.

- Staff 1

Challenges included meeting new people, having one's own (safe) space, balancing relief at being accepted with overwhelm at the significant commitment required by the program. The emotional process of moving in was often much longer than the physical one. Whilst routine and stability could promote safety and predictability, program requirements were flexible for new residents in recognition that they were still acculturating. Staff understood that we can't rush things – people need to feel safe and stable first.

"Like many people accessing YRRSs, I didn't think of myself as particularly traumatised. I knew I'd experienced things you could consider trauma, but because doctors always focused on symptoms rather addressing trauma, I figured it couldn't be that bad. When I entered the YRRS I did not know relational safety, I thought it was an impossible lie.

I came carrying not only the physical possessions to try and make this unknown place a home, but the heavy weight of my past. It was this burden that slowed the process of turning shelter into safety far more than any other shock from the change in environment. To learn I wouldn't be told I was a disappointment when I responded to my pain with self-destruction or shutting down was something that took a lot of time to get used to."

- Young person 3

Discovering

Deeply reflective, the Discovering phase involved young people clarifying what is intrinsically important to us and who we are through identity exploration and experimentation. Both planned and informal catch-ups supported the development of practical independent living skills (cooking, cleaning, budgeting, transport, etc.) and affect management. Becoming more comfortable and capable reduced the sense of shame some people came into the program with. Through building hope and agency, goals shifted to reflect internal rather than external motivations - we were learning what mattered to us. For example, it is easy to name university as a goal, because we are

taught it is 'normal' to want that. Figuring out that a short course or volunteering matters more can be empowering, as you are led by your own passions, not what you think others want for you.

"I always engaged in conversations about goals and ambitions and found the YRRS made me more proactive in chasing them. I have changed more in the past 6 months of living here than I have at any other point in my life. I feel that just the little bit of support and intention-setting I've done here has made a big difference".

- Young person 2

The relationships that developed between staff and each young person provided a template of what a healthy relationship could be. Peer Workers extended this by modelling you can be professional and have ups and downs. Relationships provided a foundation for recovery, safety to integrate experiential learnings, healing of attachment-based wounds, and development of autonomy and independence. As safety in our relationships grew, we felt more confident share parts of ourselves and explore what we're actually capable of. We felt hopeful.

Relational challenges, or "ruptures" were common, particularly as young people were learning more about themselves, recovering from past interpersonal traumas, and practicing new strategies. It could take a while for people to get a felt sense that staff can appreciate them as a person and notice that their behaviour appears to be unhelpful to their relationships with others. A focus on repair after a rupture fostered relational healing, noting the ups and downs of connections are part of the healing process.

"Once a young person made a joke about my appearance that went a bit too far and felt inappropriate. When I told them that the joke made me feel uncomfortable they started to cry suddenly. When we explored what was making them cry, they shared that they were

worried I no longer wanted to work with them. Importantly I was able to clarify I did want to keep working with them, that it's okay to have disagreements in relationships sometimes, and to me it was important to share when I felt uncomfortable so we could work through it and make the relationship stronger. They told me they couldn't remember a time when a disagreement in a relationship ended well for them and that this time it felt different".

- Staff 2

Continuing

The YRRS journey culminated with the Continuing phase, where young people explored what life could look like beyond the YRRS. Community connections developed over the course of a stay were consolidated and strengthened, whilst learnings were integrated into support plans, and often, our sense of self. Reinforcing external supports - across health, wellbeing, education, employment, hobbies, and friendships - promoted smoother transitions. Staff focused on bolstering the young person's confidence and capacity to utilise the skills they had learnt and provided practical support to establish a new home/community.

Festivities often marked the completion of the program and were an opportunity for young people to celebrate with staff and their peers. If we felt brave, we young people would share what we learnt with newer residents, who may in turn share their hopes for us. Staff adopted cognitive analytical therapy strategies (Turpin et al., 2011) to compose exit letters outlining the young person's achievements and personal growth changes over their stay, an artefact that they could keep and use for ongoing reflection.

The Continuing phase was bittersweet – as we young people consolidated new skills and directions, we were also separating from the strong and safe attachments we developed. For staff, the tension between celebration and abandonment, pride and grief, fear and excitement, necessitated a delicate balance of emotional and practical support that was both hopeful and pragmatic.

"Leaving is an important time to reflect together about change and growth ... it can be hard hearing young people say they feel helpless, worried, terrified and lost, and to see them act out those feelings in different ways".

- Staff 2

"I felt fear trying to be approved for housing prior to exiting. I would apply for private rental properties regularly yet was continually priced out. Alongside this I was terrified knowing exiting meant losing the first safe attachments I had developed in my life, and worried that if leaving the YRRS would cause distress, I would be thought of as a failure".

- Young person 3

External housing workers helpfully provided information and support to prepare for exit, but they could not provide affordable housing that did not exist. The challenge presented by adverse structural factors beyond our control could strain relationships as young people bore the risk burden and staff juggled holding hope with being genuine about the challenges being faced.

"I searched daily for rental properties, unable to locate any 'affordable' options.... in the end, my choices were between returning to a home I wasn't safe in and entering crisis accommodation".

- Young person 3

Discussion

In the absence of an externally defined YRRSs model, our study generated a description through lived experience. We collectively analysed reflections of living, working or observing the YRRSs, and found three interconnected phases constitute a general trajectory through the program. The phases

reveal how young people's language, priorities, and relationship to possibility change over the course of their stay.

Stages of recovery have been described in the literature. For example, Andresen, Oades and Caputi (2003) talk about five stages including moratorium, awareness, preparation, rebuilding, and growth in recovery from schizophrenia. A more youth-focused exploration with 18-25 year olds by Barnett and Lapsley (2006) described the stages 'surviving day to day', 'moving forward' and 'living well'. Whilst the phases described in our study do not refer to stages of recovery but to stages of a YRRS stay, they align with Rayner, Thielking and Lough's (2018) ecological understanding of youth recovery by acknowledging the impact of interpersonal and systemic factors on recovery. This situates staff as not only recovery allies, but as advocates for equitable social contexts that support recovery (e.g., affordable housing, accessible education, and employment).

Our findings reinforce that phased approaches to youth residential mental health support can support staff to predict challenges and understand what might be happening for someone and why (Cimmarusti, 2011; Downey, Jago & Poppi, 2015). They attune staff to individual and community needs, not time-based expectations of 'progress'. Staff are currently trialling phase-oriented reflective practice, with exploratory questions to understand how language, behaviour, and relationship to possibility differs across phases.

In line with trauma-informed residential care literature (Rivard et al., 2004; McLoughlin & Gonzalez, 2014; Whittaker et al., 2016), our findings highlight that 'relational development' underpins learning and growth. Our findings extend on existing YRRS documentation (Hodges et al., 2013) by highlighting how experiential and relational components within the whole milieu were important to help young people progress through the phases.

Phases could foster a sense of community and preparedness as they offer a frame to understand one's experience in relation to the program. Given accounts of uncertainty and tentativeness during the *Arriving* phase, and the complexity of the *Continuing* phase, hearing descriptions developed from others' experiences might be reassuring, foster empathy and help manage expectations (Wilson, Sagers & Wildy, 2013; Roarty et al., 2012).

Service exit was acknowledged as complex for all parties, a situation intensified in a time-limited service where exit is largely proscribed by departmental guidelines rather than therapeutic need. The Victorian Royal Commission into Mental Health acknowledged this challenge (State of Victoria, 2021), opening possibilities for research into the design and impacts of support during transition periods.

Our CAE data forms an authentic recovery script for the YRRS context. Through fostering attention to behaviour, language, outlook, and priorities, they provide a program-specific framework for understanding change and support new conceptualisations of what might be a meaningful program outcome. Our CAE approach centred lived experience narratives, elevating the voices that matter most to enhance service authenticity and relevance (Delman, 2012; Sweeney, 2016).

Limitations

The limited sample size for this CAE, all drawn from YRRSs managed by one Australian YRRS provider, limits the generalisability of our findings. More staff voices could have added further depth to the pool of experiences our analysis drew on.

Conclusion

Informed by a CAE approach, we used lived experience narratives to describe the YRRS model as delivered by one Australian non-government organisation. This paper provides a novel, in-depth

description of a YRRS and centralises the voices of young people in the design and evaluation of services. These results can inform future work outlining what matters to young people in YRRSs and how this knowledge is being used to inform program design and outcome measurement. By adding to the scant literature on this service type, we have highlighted some of the possibilities and complexities of supporting young people experiencing mental ill health through psychosocial residential support.

ix. References

- Andresen, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: towards an empirically validated stage model. *Australian & New Zealand Journal of Psychiatry*, 37(5), 586-594. doi: 10.1046/j.1440-1614.2003.01234.x
- Barnett, H., & Lapsley, H. (2006). *Journeys of despair, journeys of hope*. Wellington: Mental Health Commission.
- Bath, H. (2008). Residential care in Australia, Part II: A review of recent literature and emerging themes to inform service development. *Children Australia*, 33(2), 18-36. doi: 10.1017/S1035077200000183
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology and Community Health*, 60, 854-857. doi: 10.1136/jech.2004.028662
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Chang, H., Ngunjiri, F., & Hernandez, K-A.C. (2012). *Collaborative Autoethnography*. Left Coast Press.
- Cimmarusti, R. A., (2011). Increasing Emotional Regulation for Youths in Residential Care: Phases of Change. *Residential Treatment for Children & Youth*, 28(2), 91-101. doi: 10.1080/0886571X.2011.569427
- Delman, J. (2012). Participatory Action Research and Young Adults with Psychiatric Disabilities. *Psychiatric Rehabilitation Journal*, 35(3), 231-234. doi: 10.2975/35.3.2012.231.234
- Department of Health and Human Services (n.d.). *Youth residential rehabilitation services*. Australia: Department of Health and Human Services, State Government of Victoria. Retrieved from: <https://www2.health.vic.gov.au/mental-health/mental-health-services/mental-health-community-support-services/youth-residential-rehabilitation-services>.
- Downey, L., Jago, J. & Poppi, S. (2015). The Spiral to Recovery: An Australian Model for Therapeutic Residential Care. *Children Australia*, 40(4), 351-360. doi: 10.1017/cha.2015.31
- Ellis, C. & Adams, T.E. (2014). The Purposes, Practices, and Principles of Autoethnographic Research. *The Oxford Handbook of Qualitative Research*. UK: Oxford Handbooks Online, Oxford University Press.

Ellis, C., & Bochner, A.P. (2000). Autoethnography, Personal Narrative, Reflexivity: Researcher as Subject. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research*, 2nd ed. (pp. 733-768). Thousand Oaks, California, SAGE Publications.

Faithfull, S., Brophy, L., Pennell, K., & Simmons, M.B. (2019). Barriers and enablers to meaningful youth participation in mental health research: qualitative interviews with youth mental health researchers. *Journal of Mental Health*, 28(1), 56-63. doi: 10.1080/09638237.2018.1521926

Green, R., Mitchell, P.F., Lee, K., Svensson, Toh, J-W., Barentsen, C., Copeland, M., Newton, J.R., Hawke, K.C. & Brophy, L. (2019). Key features of an innovative sub-acute residential service for young people experiencing mental ill health. *BMC Psychiatry*, 19:311. doi: 10.1186/s12888-019-2303-4

Heffernan, O.S., Herzog, T.M., Schiralli, J.E., Hawke, L.D., Chaim, G. & Henderson, J.L. (2017). Implementation of a youth-adult partnership model in youth mental health systems research: Challenges and successes. *Health Expectations*, 20(6), 1183-1188. doi: 10.1111/hex.12554

Hernandez, K-A.C., Ngunjiri, F.W., & Chang, H. (2015). Exploiting the margins in higher education: a collaborative autoethnography of three foreign-born female faculty of color. *International Journal of Qualitative Studies in Education*, 28(5), 533-551. doi: 10.1080/09518398.2014.933910

Hodges, C., Pollock, S., & McMullin, S. (2013). *Discussion Paper: Theoretical Approaches underpinning the Mind Youth Residential Rehabilitation model*. Victoria: Mind Australia.

James, S. (2011). What works in group care? – A structured review of treatment models for group homes and residential care. *Children and Youth Services Review*, 33, 308-321. doi: 10.1016/j.childyouth.2010.09.014

Kidd, J.D., & Finlayson, M.P. (2010). Mental illness in the nursing workplace: A collective autoethnography. *Contemporary Nurse*, 36(1-2), 21-33. doi: 10.5172/conu.2010.36.1-2.021

Lapadat, J.C. (2017). Ethics in Autoethnography and Collaborative Autoethnography. *Qualitative Inquiry*, 23(8), 589-603. Doi: 10.1177/1077800417704462

Liebenberg, L., Jamal, A., & Ikeda, J. (2020). Extending Youth Voices in a Participatory Thematic Analysis Approach. *International Journal of Qualitative Methods*, 19, 1-13. doi: 10.1177/1609406920934614

McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. *British Journal of Psychiatry Supplement*, 54, s30–5. doi: 10.1192/bjp.bp.112.119214

McLean, S. (2018). *Therapeutic residential care: an update on current issues in Australia*. CFCA Paper No. 49, Child Family Community Australia, Australian Institute of Family Studies, Australian Government, Australia.

McLean, S., Price-Robertson, R., & Robinson, E. (2011). *Therapeutic residential care in Australia: Taking stock and looking forward*. Australian Institute of Family Studies, NCPC Issues No.35.

McLoughlin, P. & Gonzalez, R. (2014). Healing Complex Trauma through Therapeutic Residential Care: The Lighthouse Foundation Therapeutic Family Model of Care. *Children Australia*, 39(3), 169-176. doi: 10.1017/cha.2014.22

Munhall, P.L. (1991). Institutional Review of Qualitative Research Proposals: A task of no small consequence. In J.M. Morse (Ed.), *Qualitative Nursing Research: A Contemporary Dialogue* (pp. 258-271). Thousand Oaks, California: SAGE Publications. doi: 10.4135/9781483349015

Nous Group (2011). *Review of the PDRSS Day Program, Adult Residential Rehabilitation and Youth Residential Rehabilitation Services*. Melbourne: Mental Health, Drugs, Regions Division, Victorian Government, Department of Health.

Oades, L., Crowe, T., & Nguyen, M. (2009). Leadership coaching transforming mental health systems from the inside out: The Collaborative Recovery Model as person-centred strengths based coaching psychology. *International Coaching Psychology Review*, 4(1), 25-36.

Pecora, P.J., & English, D.J., (2016). *Elements of Effective Practice for Children and Youth Served by Therapeutic Residential Care: Research Brief*. Seattle, Washington: Casey Family Programs. Retrieved from: <https://www.casey.org/residential-care/>

Rayner, S., Thielking, M. & Lough, R. (2018). A new paradigm of youth recovery: Implications for youth mental health service provision. *Australian Journal of Psychology*, 70, 330-340. doi: 10.1111/ajpy.12206

Rivard, J.C., McCorkle, D., Duncan, M.E., Pasquale, L.E., Bloom, S.L., & Abramovitz, R. (2004). Implementing a Trauma Recovery Framework for Youths in Residential Treatment. *Child and Adolescent Social Work Journal*, 21(5), 529-550.

Roarty, L., Wildy, H., Saggars, S., Conigrave, K., Wilson, M., Di Nicola, K., Webb, J., & Faulkner, J. (2012). "My journey map": developing a qualitative approach to mapping young people's progress in residential rehabilitation. *Contemporary Drug Problems*, 39(4), 715-733. doi: 10.1177/009145091203900406

Roper, C., Grey, F., & Cadogan, E. (2018). *Co-production: Putting principles into practice in mental health contexts*. Retrieved from: <https://healthsciences.unimelb.edu.au/departments/nursing/about-us/centre-for-psychiatric-nursing/news-and-events/test>

Santiago, I.C., Karimi, N. & Alicea, R.A. (2017). Neoliberalism and higher education: a collective autoethnography of Brown Women Teaching Assistants. *Gender and Education*, 29(1), 48-65. doi: 10.1080/09540253.2016.1197383

State of Victoria. (2021). *Royal Commission into Victoria's Mental Health System: Collaboration to support good mental health and wellbeing*, (Final Report, Volume 2). Melbourne, Australia: Royal Commission into Victoria's Mental Health System.

Sweeney, A. (2016). The transformative potential of survivor research, In J. Russo & A. Sweeney (Eds.). *Searching for a rose garden: Challenging psychiatry, fostering Mad Studies*. Monmouth: PCCS Books.

Turpin, C., Adu-White, D., Barnes, P., Chalmers-Woods, R., Delisser, C., Dudley, J. and Mesbahi, M., (2011). What are the important ingredients of a CAT goodbye letter? *Reformulation*, Winter, 30-31.

Whittaker, J.K., Holmes, L., del Valle, J.F., Ainsworth, F., Andreassen, T., Anglin, J., ... Zeira, A. (2016). Therapeutic Residential Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care*. *Residential Treatment for Children & Youth*, 33(2), 89-106. doi: 10.1080/0886571X.2016.1215755

Wilson, M., Saggars, S. & Wildy, H. (2013). Using narratives to understand progress in youth alcohol and other drug treatment. *Qualitative Research Journal*, 13(1), 114-131. doi: 10.1108/14439881311314694

v. Abstract and keywords

Aim A range of residential supports are available for young people experiencing mental health challenges. One Australian example is the Youth Residential Rehabilitation Service, which provides up to 12 months of intensive psychosocial support in a residential setting to young people aged 16-25 experiencing serious mental health challenges. This paper aimed to add to the scant literature on these services, describing the experiences of young people and staff members across the duration of a stay.

Methods This study drew on collaborative autoethnography to engage and centre the direct lived experience of young people who had lived, and staff who had worked, in a Youth Residential Rehabilitation Service.

Results We identified three phases that young people typically journey through during their stay at the service. The *Arriving* phase was marked by appropriate referrals, a warm welcome, a period of settling in and the development of trusting relationships. The *Discovering* phase saw young people identifying and enacting their strengths, hopes and values. Community connections were a focus of the *Continuing* phase as lives after service exit were envisioned and created.

Conclusions Drawing on collaborative autoethnography methods represents one approach to amplify the voice of young people in service design and evaluation. This paper richly described some of the possibilities and complexities of the Youth Residential Rehabilitation Service experience, which can be used to inform the service's pacing and structure of support.

Key words

Collaborative autoethnography; participatory research; personal recovery; residential care; youth mental health

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viii. Conflict of interest statement

Authors PE, KL, RS, RE, PH, RG, KD, MT, SM, TW and RB worked for Neami.

ix. References

- Andresen, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: towards an empirically validated stage model. *Australian & New Zealand Journal of Psychiatry*, 37(5), 586-594. doi: 10.1046/j.1440-1614.2003.01234.x
- Barnett, H., & Lapsley, H. (2006). *Journeys of despair, journeys of hope*. Wellington: Mental Health Commission.
- Bath, H. (2008). Residential care in Australia, Part II: A review of recent literature and emerging themes to inform service development. *Children Australia*, 33(2), 18-36. doi: 10.1017/S1035077200000183
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology and Community Health*, 60, 854-857. doi: 10.1136/jech.2004.028662
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Chang, H., Ngunjiri, F., & Hernandez, K-A.C. (2012). *Collaborative Autoethnography*. Left Coast Press.
- Cimmarusti, R. A., (2011). Increasing Emotional Regulation for Youths in Residential Care: Phases of Change. *Residential Treatment for Children & Youth*, 28(2), 91-101. doi: 10.1080/0886571X.2011.569427
- Delman, J. (2012). Participatory Action Research and Young Adults with Psychiatric Disabilities. *Psychiatric Rehabilitation Journal*, 35(3), 231-234. doi: 10.2975/35.3.2012.231.234
- Department of Health and Human Services (n.d.). *Youth residential rehabilitation services*. Australia: Department of Health and Human Services, State Government of Victoria. Retrieved from: <https://www2.health.vic.gov.au/mental-health/mental-health-services/mental-health-community-support-services/youth-residential-rehabilitation-services>.
- Downey, L., Jago, J. & Poppi, S. (2015). The Spiral to Recovery: An Australian Model for Therapeutic Residential Care. *Children Australia*, 40(4), 351-360. doi: 10.1017/cha.2015.31
- Ellis, C. & Adams, T.E. (2014). The Purposes, Practices, and Principles of Autoethnographic Research. *The Oxford Handbook of Qualitative Research*. UK: Oxford Handbooks Online, Oxford University Press.
- Ellis, C., & Bochner, A.P. (2000). Autoethnography, Personal Narrative, Reflexivity: Researcher as Subject. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research*, 2nd ed. (pp. 733-768). Thousand Oaks, California, SAGE Publications.
- Faithfull, S., Brophy, L., Pennell, K., & Simmons, M.B. (2019). Barriers and enablers to meaningful youth participation in mental health research: qualitative interviews with youth mental health researchers. *Journal of Mental Health*, 28(1), 56-63. doi: 10.1080/09638237.2018.1521926
- Green, R., Mitchell, P.F., Lee, K., Svensson, Toh, J-W., Barentsen, C., Copeland, M., Newton, J.R., Hawke, K.C. & Brophy, L. (2019). Key features of an innovative sub-acute residential service for

young people experiencing mental ill health. *BMC Psychiatry*, 19:311. doi: 10.1186/s12888-019-2303-4

Heffernan, O.S., Herzog, T.M., Schiralli, J.E., Hawke, L.D., Chaim, G. & Henderson, J.L. (2017). Implementation of a youth-adult partnership model in youth mental health systems research: Challenges and successes. *Health Expectations*, 20(6), 1183-1188. doi: 10.1111/hex.12554

Hernandez, K-A.C., Ngunjiri, F.W., & Chang, H. (2015). Exploiting the margins in higher education: a collaborative autoethnography of three foreign-born female faculty of color. *International Journal of Qualitative Studies in Education*, 28(5), 533-551. doi: 10.1080/09518398.2014.933910

Hodges, C., Pollock, S., & McMullin, S. (2013). *Discussion Paper: Theoretical Approaches underpinning the Mind Youth Residential Rehabilitation model*. Victoria: Mind Australia.

James, S. (2011). What works in group care? – A structured review of treatment models for group homes and residential care. *Children and Youth Services Review*, 33, 308-321. doi: 10.1016/j.childyouth.2010.09.014

Kidd, J.D., & Finlayson, M.P. (2010). Mental illness in the nursing workplace: A collective autoethnography. *Contemporary Nurse*, 36(1-2), 21-33. doi: 10.5172/conu.2010.36.1-2.021

Lapadat, J.C. (2017). Ethics in Autoethnography and Collaborative Autoethnography. *Qualitative Inquiry*, 23(8), 589-603. Doi: 10.1177/1077800417704462

Liebenberg, L., Jamal, A., & Ikeda, J. (2020). Extending Youth Voices in a Participatory Thematic Analysis Approach. *International Journal of Qualitative Methods*, 19, 1-13. doi: 10.1177/1609406920934614

McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. *British Journal of Psychiatry Supplement*, 54, s30–5. doi: 10.1192/bjp.bp.112.119214

McLean, S. (2018). *Therapeutic residential care: an update on current issues in Australia*. CFCA Paper No. 49, Child Family Community Australia, Australian Institute of Family Studies, Australian Government, Australia.

McLean, S., Price-Robertson, R., & Robinson, E. (2011). *Therapeutic residential care in Australia: Taking stock and looking forward*. Australian Institute of Family Studies, NCPC Issues No.35.

McLoughlin, P. & Gonzalez, R. (2014). Healing Complex Trauma through Therapeutic Residential Care: The Lighthouse Foundation Therapeutic Family Model of Care. *Children Australia*, 39(3), 169-176. doi: 10.1017/cha.2014.22

Munhall, P.L. (1991). Institutional Review of Qualitative Research Proposals: A task of no small consequence. In J.M. Morse (Ed.), *Qualitative Nursing Research: A Contemporary Dialogue* (pp. 258-271). Thousand Oaks, California: SAGE Publications. doi: 10.4135/9781483349015

Nous Group (2011). *Review of the PDRSS Day Program, Adult Residential Rehabilitation and Youth Residential Rehabilitation Services*. Melbourne: Mental Health, Drugs, Regions Division, Victorian Government, Department of Health.

Oades, L., Crowe, T., & Nguyen, M. (2009). Leadership coaching transforming mental health systems from the inside out: The Collaborative Recovery Model as person-centred strengths based coaching psychology. *International Coaching Psychology Review*, 4(1), 25-36.

Pecora, P.J., & English, D.J., (2016). *Elements of Effective Practice for Children and Youth Served by Therapeutic Residential Care: Research Brief*. Seattle, Washington: Casey Family Programs. Retrieved from: <https://www.casey.org/residential-care/>

Rayner, S., Thielking, M. & Lough, R. (2018). A new paradigm of youth recovery: Implications for youth mental health service provision. *Australian Journal of Psychology*, 70, 330-340. doi: 10.1111/ajpy.12206

Rivard, J.C., McCorkle, D., Duncan, M.E., Pasquale, L.E., Bloom, S.L., & Abramovitz, R. (2004). Implementing a Trauma Recovery Framework for Youths in Residential Treatment. *Child and Adolescent Social Work Journal*, 21(5), 529-550.

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Roper, C., Grey, F., & Cadogan, E. (2018). *Co-production: Putting principles into practice in mental health contexts*. Retrieved from: <https://healthsciences.unimelb.edu.au/departments/nursing/about-us/centre-for-psychiatric-nursing/news-and-events/test>

Santiago, I.C., Karimi, N. & Alicea, R.A. (2017). Neoliberalism and higher education: a collective autoethnography of Brown Women Teaching Assistants. *Gender and Education*, 29(1), 48-65. doi: 10.1080/09540253.2016.1197383

State of Victoria. (2021). *Royal Commission into Victoria's Mental Health System: Collaboration to support good mental health and wellbeing*, (Final Report, Volume 2). Melbourne, Australia: Royal Commission into Victoria's Mental Health System.

Sweeney, A. (2016). The transformative potential of survivor research, In J. Russo & A. Sweeney (Eds.). *Searching for a rose garden: Challenging psychiatry, fostering Mad Studies*. Monmouth: PCCS Books.

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Whittaker, J.K., Holmes, L., del Valle, J.F., Ainsworth, F., Andreassen, T., Anglin, J., ... Zeira, A. (2016). Therapeutic Residential Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care*. *Residential Treatment for Children & Youth*, 33(2), 89-106. doi: 10.1080/0886571X.2016.1215755

Wilson, M., Saggars, S. & Wildy, H. (2013). Using narratives to understand progress in youth alcohol and other drug treatment. *Qualitative Research Journal*, 13(1), 114-131. doi: 10.1108/14439881311314694

Figures and figure legends

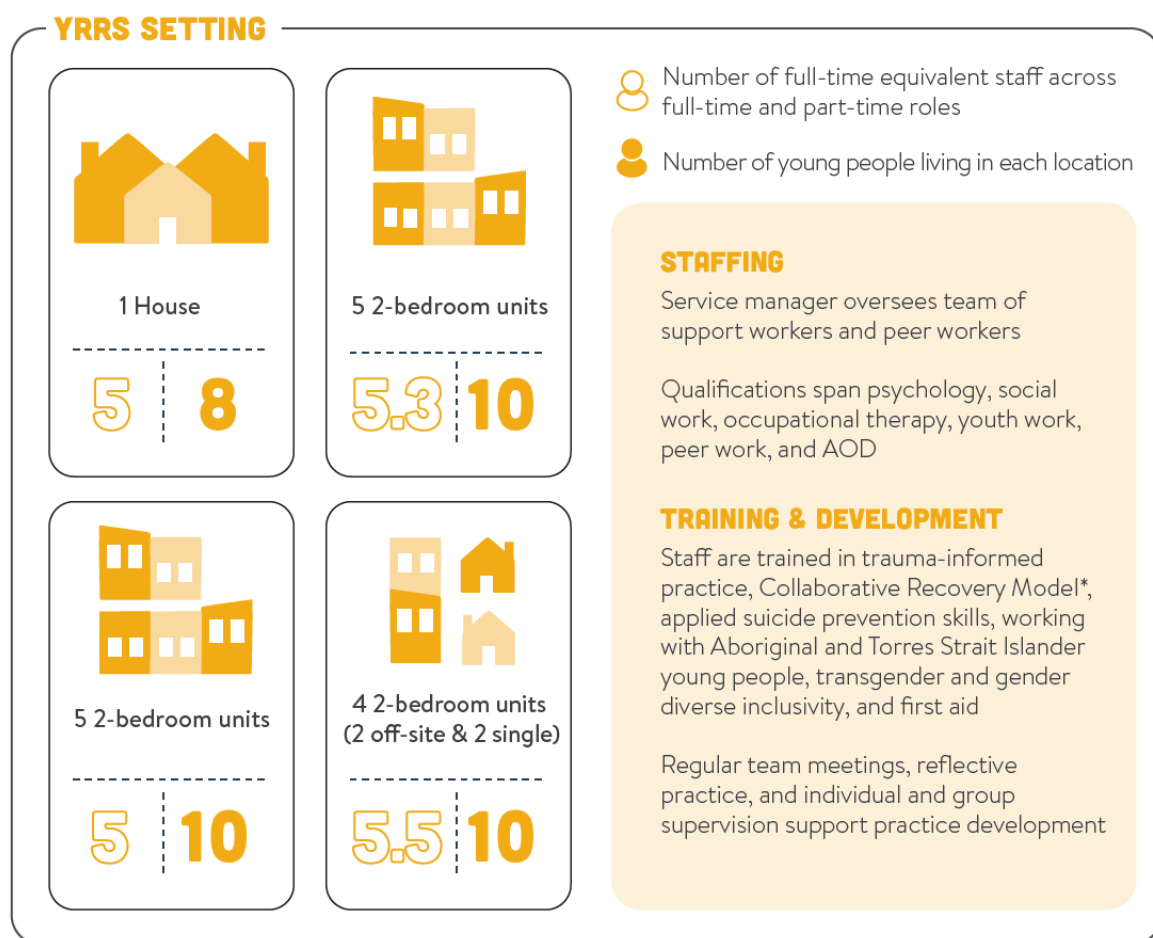


Figure 1. The layout and staffing of Neami's four Youth Residential Rehabilitation Services

*The Collaborative Recovery Model is a structured strengths-based, recovery-oriented model of support, delivered using a coaching approach (Oades, Crowe, & Nguyen, 2009).

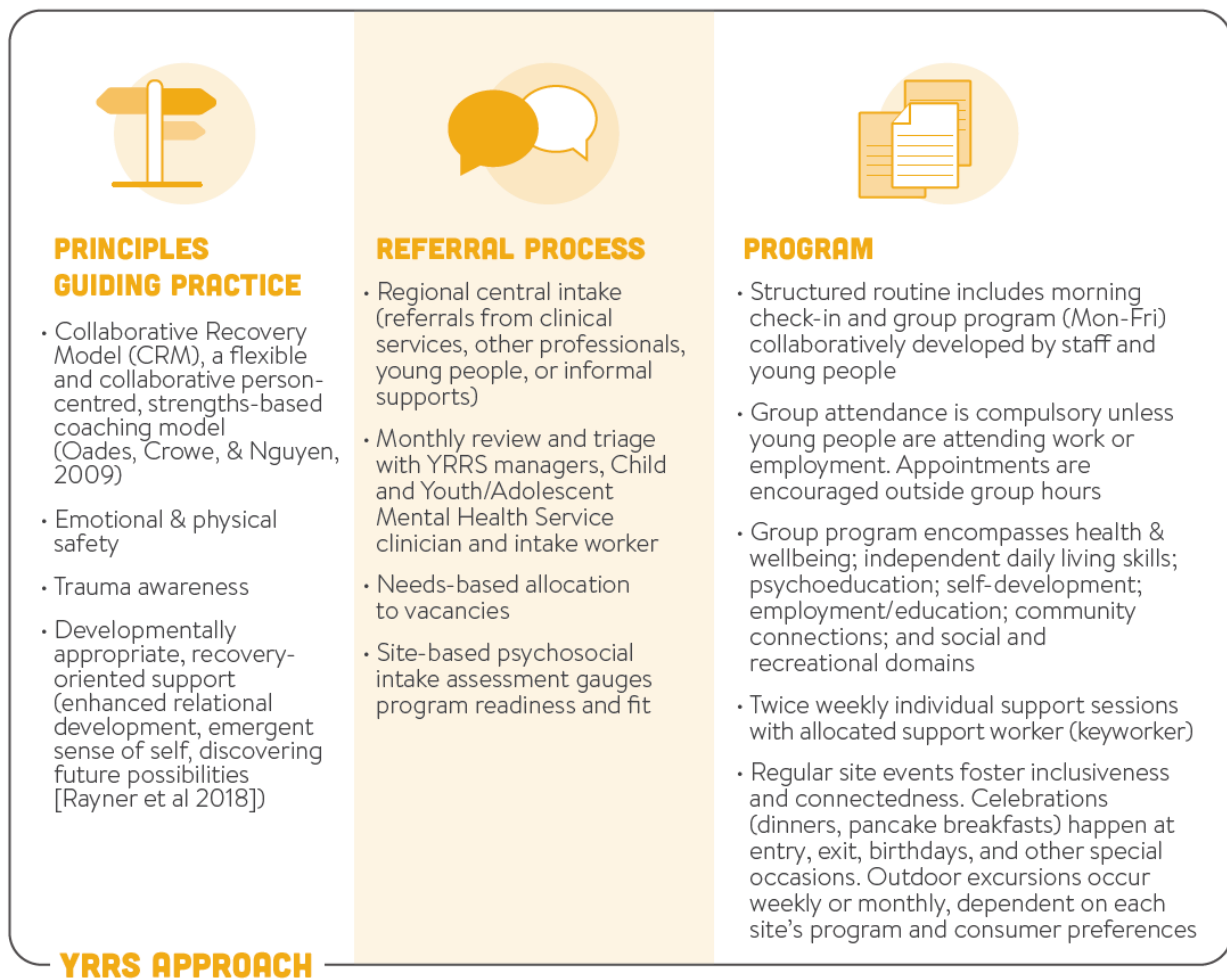


Figure 2. The overarching support approach for Youth Residential Rehabilitation Services, as delivered by Neami

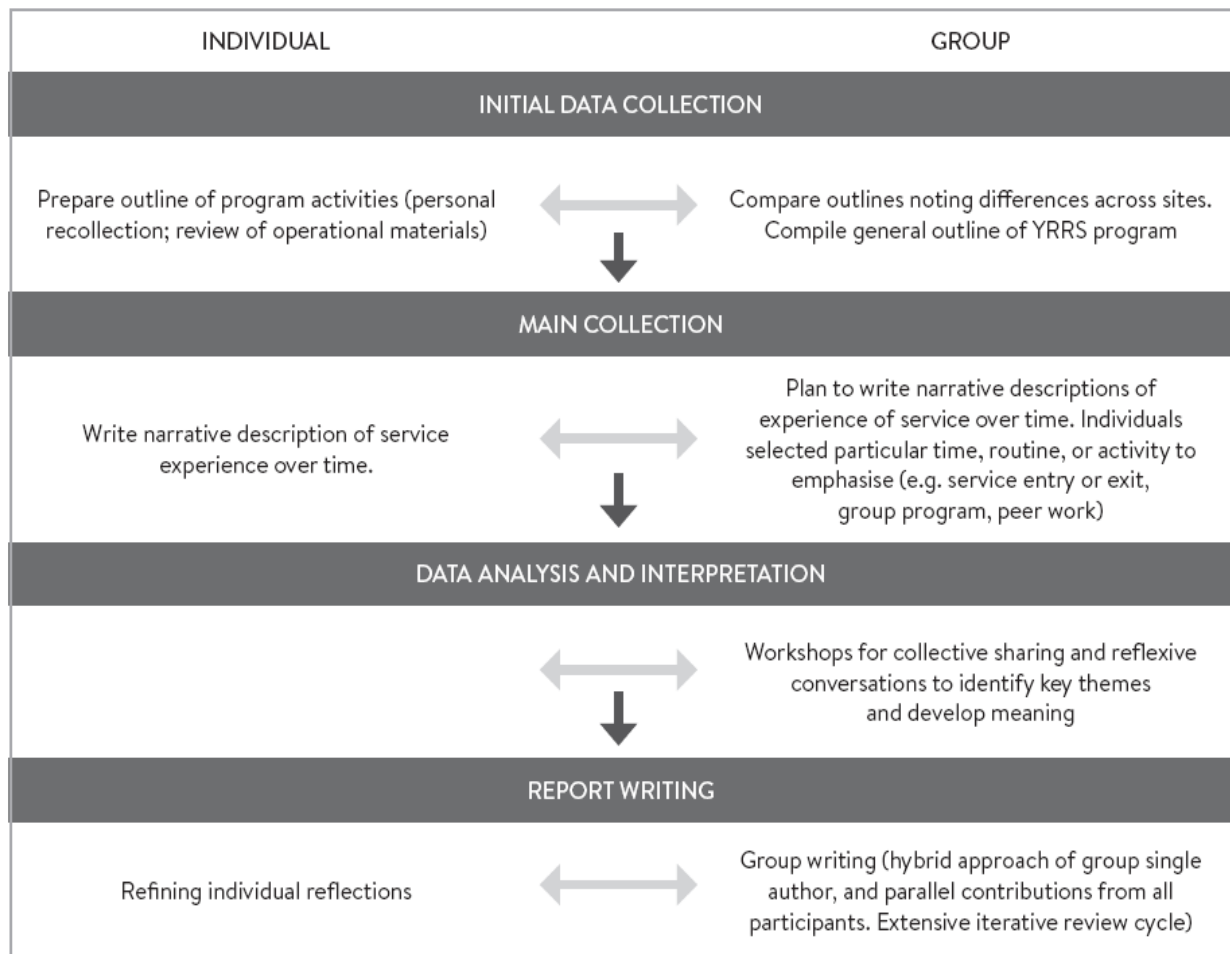


Figure 3. An overview of our individual and group processes to gather, analyse and report on our YRRS experiences (adapted from Hernandez, Ngunjiri, & Chang, 2015).