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# THE MOMENTS STUDIES: (MODERN SLAVERY MENTAL HEALTH WITH SURVIVORS).

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- MOMENTS-1: Mental health recovery for survivors of modern slavery: A grounded theory study. This study was funded by the NIHR Research for Patient Benefit Programme (PB-PG-1217-20036). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.
- MOMENTS-2: Developing a consensus on mental health recovery for modern slavery survivors. This study was funded by the NIHR Policy Research Programme (NIHR 202076). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

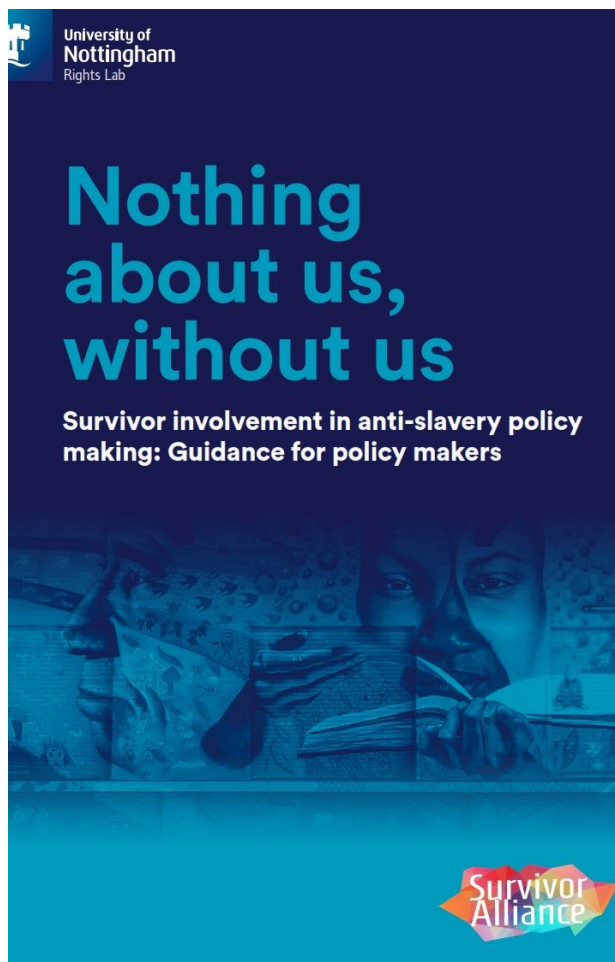
# MOMENTS-I: STUDY TEAM

- Dr Nicola Wright (Associate Professor in Mental Health, Health Sciences, University of Nottingham).
- Dr Minh Dang (Research Fellow, Rights Lab, University of Nottingham and Managing Director, Survivor Alliance)
- Dr Melanie Jordan (Associate Professor in Criminology, Sociology and Social Policy, University of Nottingham).
- Prof. Kevin Bales (Professor of Contemporary Slavery, Politics and International Relations, University of Nottingham).
- Prof. Mike Slade (Professor of Mental Health Recovery and Social Inclusion, Health Sciences, University of Nottingham).
- Dr Emina Hadziosmanovic (Research Fellow, Health Sciences, University of Nottingham).
- Lived Experience Research Advisory Board.

## MOMENTS-2: STUDY TEAM

- Dr Nicola Wright (Associate Professor in Mental Health, Health Sciences, University of Nottingham).
- Dr Minh Dang (Research Fellow, Rights Lab, University of Nottingham and Managing Director, Survivor Alliance)
- Prof. Mike Slade (Professor of Mental Health Recovery and Social Inclusion, Health Sciences, University of Nottingham).
- Dr Emina Hadziosmanovic (Research Fellow, Health Sciences, University of Nottingham).
- Ms Vicky Brotherton (Head of Stakeholder Engagement and Policy, Rights Lab, University of Nottingham).
- Dr Natasha Tyler (Research Fellow, Division of Population Health, Health Services Research and Primary Care, University of Manchester).
- Ms Alicia Rana (Research Associate, Rights Lab, University of Nottingham)
- Ms Natalie Watson (Research Associate, Nursing Midwifery and Palliative Care, Kings College London)
- Lived Experience Research Advisory Board

# LIVED EXPERIENCE RESEARCH ADVISORY BOARD (LE-RAB)



- Survivor involvement central to all stages of the research process. Including: project management, reviewing materials, designing interview schedules, collaborative data analysis and knowledge exchange.
- LE-RAB: 6 survivors (4 women and 2 men). 6 project meetings and 6 training sessions over the course of the project.
- Research capacity development for those involved.

## SESSION AIMS

To outline what is meant by recovery in a mental health context.

A light purple arrow pointing downwards, indicating a flow from the first aim to the second.

To discuss the original MOMENTS-1 study and its key findings.

A light purple arrow pointing downwards, indicating a flow from the second aim to the third.

To outline the MOMENTS-2 study and its key findings.

## A QUICK NOTE ABOUT MODERN SLAVERY

Modern slavery and human trafficking are used interchangeably to describe human-to-human exploitation characterised by the abuse of power, coercion and threats of harm that prevent an individual from leaving a dangerous situation (International Labour Organisation, 2017; Lazzarino, Wright & Jordan, 2022).

Activities such as forced labour, domestic servitude, sexual exploitation, forced criminality and the exploitation of children (including in warfare). An individual may be recruited and transported for the purposes of exploitation (as per traditional definitions of human trafficking) or become enslaved within their community without being moved.



# UNDERSTANDING RECOVERY IN MENTAL HEALTH





- Most familiar to healthcare professionals.
- Arises from professional expertise.
- Involves getting rid of symptoms, restoring social function and in other ways getting back to normal.

# RECOVERY IS A WORD WITH TWO MEANINGS (I)

## CLINICAL RECOVERY.

## RECOVERY IS A WORD WITH TWO MEANINGS (2) PERSONAL RECOVERY

- An idea about illness that comes from the expertise of people with “lived experience”.
- Originally stems from the civil and disability rights movement in the USA.
- Focus is on personal strengths and living as well as possible within the constraints of an individual's experience.
- Increasingly relevant outside of the mental health arena, for example other long-term health conditions.



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# THE MOST FAMOUS DEFINITION OF PERSONAL RECOVERY

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“Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of a new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness”.

*(Anthony, 1993)*

# A SUMMARY OF THE DIFFERENCES BETWEEN CLINICAL AND PERSONAL RECOVERY

Clinical Recovery	Personal Recovery
Symptoms	Strengths
Disability	Empowerment
Intervention	Agency
Evidence	Experience
Standardisation	Personalised
Compliance	Choice
Risk Management	Safety Planning
Avoid Incidents	Taking Opportunities
Relapse Prevention	Successful Self-Management
Remission	Resilience
Discharge	Discovering Meaningful Lives

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BUT WHAT  
DOES  
RECOVERY  
MEAN TO  
SURVIVORS?



# MOMENTS-1: MENTAL HEALTH RECOVERY FOR SURVIVORS OF MODERN SLAVERY: A GROUNDED THEORY STUDY

- **Aim:** To develop a theoretically informed understanding of what mental health recovery means to modern slavery survivors in the UK.
- **Objectives:**
  - To understand the mental health needs and strengths of survivors.
  - To explore with survivors the concept of recovery, what it means to them and how it could be promoted.
  - To construct a theoretically informed framework for mental health recovery based on survivor experience which can inform intervention development.

# METHODOLOGY AND METHODS

- Grounded Theory: “the discovery of theory from data systematically obtained from social research” (Glaser & Strauss, 1967).
- Qualitative research approach.
- Semi-structured interviews – conducted face to face, online or by telephone (necessitated by the COVID-19 pandemic).
- Recruitment via Non-Governmental Organisations across the UK.
- Survivors had to be over 18 years and out of slavery for at least 12 months.
- Theoretical Sampling.
- Data analysis via the constant comparative method.



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## MOMENTS-I FINDINGS



## MOMENTS-1: PARTICIPANT DEMOGRAPHICS

- 36 survivors took part in interviews (28 women and 8 men).
- Ages ranged from 20 – 55 years.
- Time out of slavery: 12 months to 15 years.
- Range of slavery experiences including male and female sexual exploitation, childhood sexual exploitation (county lines), domestic servitude and forced labour.
- Range of mental health experiences: diagnosis and access to services.

Country of Origin	Number of Participants
Nigeria	11
United Kingdom	7
South Africa	3
Albania	2
Latvia	2
Sudan, India, Vietnam, Brazil, Ukraine, Mongolia, Mauritius, Malawi, Kenya, Nambia, Poland	1 per country mentioned

CHIME CONCEPTUAL  
FRAMEWORK  
CONNECTEDNESS  
HOPE AND OPTIMISM  
FOR THE FUTURE  
IDENTITY  
MEANING IN LIFE  
EMPOWERMENT  
(LEAMY ET AL. 2011).

Review article

## Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis

Mary Leamy,\* Victoria Bird,\* Clair Le Boutillier, Julie Williams and Mike Slade

### Background

No systematic review and narrative synthesis on personal recovery in mental illness has been undertaken.

### Aims

To synthesise published descriptions and models of personal recovery into an empirically based conceptual framework.

### Method

Systematic review and modified narrative synthesis.

### Results

Out of 5208 papers that were identified and 366 that were reviewed, a total of 97 papers were included in this review. The emergent conceptual framework consists of: (a) 13 characteristics of the recovery journey; (b) five recovery processes comprising: connectedness; hope and optimism about the future; identity; meaning in life; and empowerment

(giving the acronym CHIME); and (c) recovery stage descriptions which mapped onto the transtheoretical model of change. Studies that focused on recovery for individuals of Black and minority ethnic (BME) origin showed a greater emphasis on spirituality and stigma and also identified two additional themes: culturally specific facilitating factors and collectivist notions of recovery.

### Conclusions

The conceptual framework is a theoretically defensible and robust synthesis of people's experiences of recovery in mental illness. This provides an empirical basis for future recovery-oriented research and practice.

### Declaration of interest

None.

## FINDINGS: CONNECTEDNESS

*“The worst thing is not having leave to remain. I will give you an example. Imagine if have all the things that are valuable like counselling, like mentor support, like food support like financial support, someone who is giving you extra money every day or every week, so financial support. You have all these things in place, but when I come back home, I’m still under, I still don't have my freedom in the sense that I don’t have my papers. ” (Int 18).*

## FINDINGS: HOPE AND OPTIMISM

*“You will always have marks on your heart [...] it will go less and less by time [...] so once you have these thoughts, these pains, that you’re scarred, then you recall things again but again it becomes less err less harmful, let’s say, less harm” (Int. 27).*

## FINDINGS: IDENTITY

*“I think before, for a long time I saw myself of a victim of circumstances, but right now I refuse to be a victim. So I don't label myself a victim, I know things happened to me that were not okay, but I have been able to get over them and I've been able to gain strength from them, so in the future I would probably like to be known as a helper, not a victim or somebody who is in denial or anything like that...just somebody that's healed and helps others to heal” (Int 20).*

## FINDINGS: MEANING IN LIFE

*“I need to stick to my second option which is peer mentor, because I might want to talk to other ladies who went through the same things like me to give them an example like, ‘I once went through a lot but I managed to cope’” (Int 12).*

## FINDINGS: EMPOWERMENT

*“I think I have to find my own coping mechanisms to be in a better place, so for me I've found it quite spiritually or by praying, you know just having a focus, having a goal, so for example with work, I'll say okay I've got this work I want to be here, in two years I want to do this, making a list of things that I want to achieve and slowly working towards them, so that's helped me” (Int 21).*

## FINDINGS: SAFETY

*“It’s in its own little pod, I feel safer here. And my house I’ve got gates to my garden and everything like, you know big steel gates and no-one’s getting in [...] I did have a big dog that made me feel a lot safer but she got sick and had to be put to sleep so I’ve just got two little ones now. But she was great, she was like a 45 kilo dog, no-one’s coming near that!” (Int 8)*



BUT WHAT DO  
OTHER  
STAKEHOLDER  
GROUPS THINK?  
CAN WE REACH  
CONSENSUS ON  
THE CORE  
COMPONENTS  
OF RECOVERY?



## MOMENTS-2: DEVELOPING A CONSENSUS ON MENTAL HEALTH RECOVERY FOR MODERN SLAVERY SURVIVORS



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### Aim:

- To identify the core components of a definition of recovery for use in policy and practice in relation to survivors of modern slavery.

### Objective:

- To conduct an online Delphi consultation with experts (including people with lived experience) to explore the core components of a definition of recovery.

# METHODOLOGY AND METHODS

## Four Stage Process

```
graph TD; A[Four Stage Process] --> B[Stakeholder mapping to identify experts.]; A --> C[Generation of statements related to mental health recovery through systematic review of the literature and analysis of the MOMENTS-I dataset.]; A --> D[Three round Delphi Consultation.]; A --> E[Sensemaking workshop with survivors.];
```

Stakeholder mapping to identify experts.

Generation of statements related to mental health recovery through systematic review of the literature and analysis of the MOMENTS-I dataset.

Three round Delphi Consultation.

Sensemaking workshop with survivors.

# DELPHI CONSULTATION

Delphi consultations are structured group communication processes which aim to determine how much agreement exists on a topic based on experts' opinions (Hasson et al., 2000).

Niederberger & Spranger (2020) identify four methodological features that characterise the approach:

- (1) a group of experts are questioned about the issue of interest;
- (2) the process is anonymous to avoid social pressure and conformity to a dominant view;
- (3) the procedure is iterative in nature, comprising several rounds of enquiry; and
- (4) the design of subsequent rounds is informed by a summary of the group response to the previous round.

# METHODOLOGY AND METHODS

5 stakeholder groups:

- Survivors
- Policy Makers
- Health and Social Care Practitioners
- Non-Governmental Organisations
- Academics



Questionnaire developed from the MOMENTS-I interviews, a review of the literature and working with the LE-RAB.

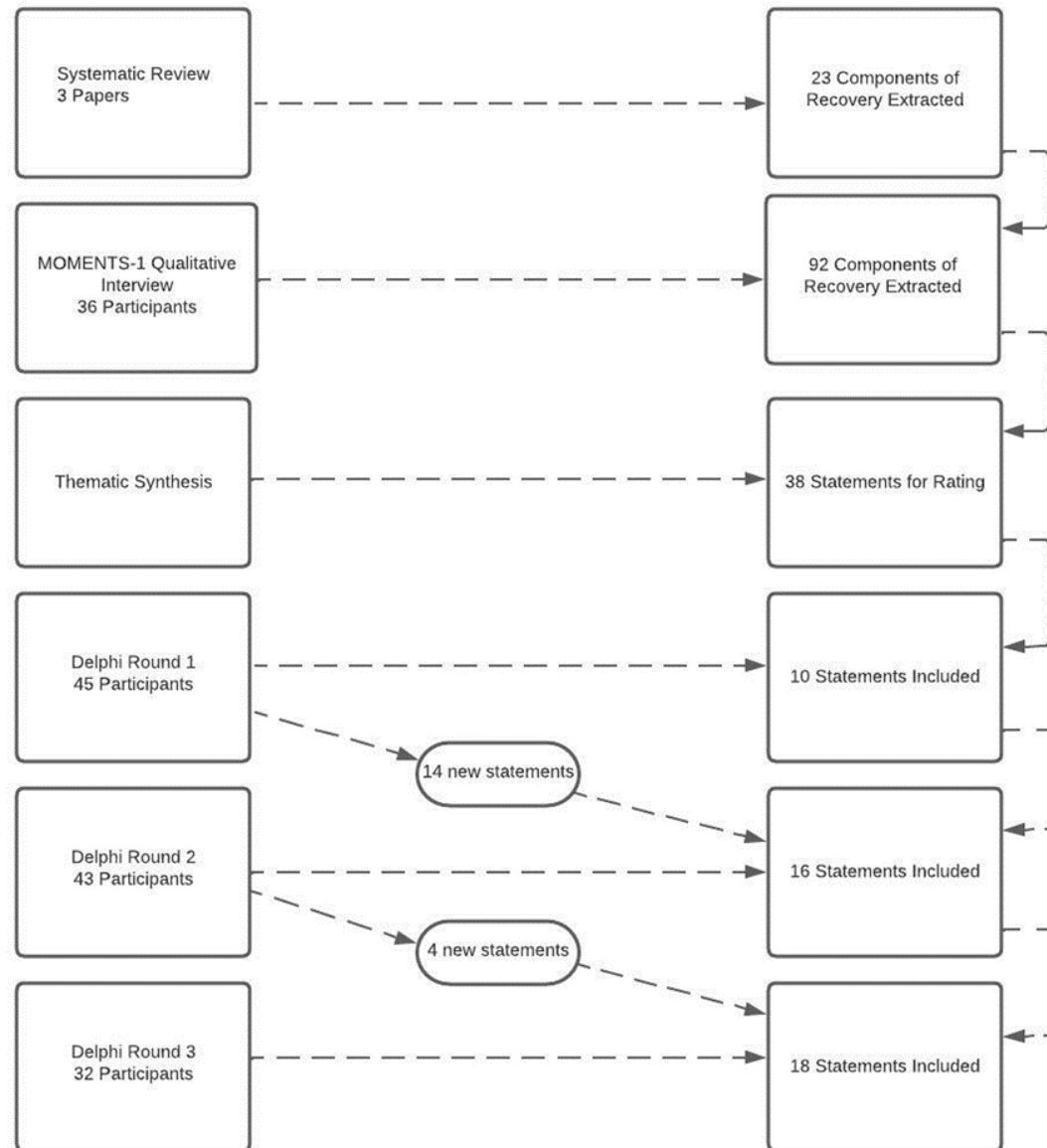
- 9-point Likert scale (1 = very strongly disagree to 9 = very strongly agree).
- Distributed over 3 rounds.



If 75% of participants endorse an item, the threshold for inclusion was reached. If less than 50% of participants endorse an item, the threshold for exclusion will be reached. Items scoring 51% to 74% redistributed to participants in the next round.

# ROUND 1 QUESTIONNAIRE

- 1. Recovery is understanding your personal mental health triggers.
- 2. Recovery is being able to manage mental health symptoms.
- 3. Recovery is having self-awareness of mental health needs.
- 4. Recovery is the absence of mental health symptoms.
- 5. Recovery is being able to sleep at night.
- 6. Recovery is about minimising the bad days.
- 7. Recovery is an improvement in mental health.
- 8. Recovery is the reduction of physical symptoms.
- 9. Recovery is being able to carry out everyday tasks.
- 10. Recovery is having meaningful employment.
- 11. Recovery is having financial security.
- 12. Recovery is meeting learning and education goals
- 13. Recovery is living in a safe environment.
- 14. Recovery is being able to buy a house.
- 15. Recovery is having access to relevant, consistent mental health support.
- 16. Recovery is having access to relevant, consistent physical health support.
- 17. Recovery is knowing how to access physical health support when needed.
- 18. Recovery is knowing how to access mental health support when needed.
- 19. Recovery is receiving social/community support.
- 20. Recovery is dependent on receiving adequate practical support.
- 21. Recovery is living a fulfilling life.
- 22. Recovery is being in control of one's life.
- 23. Recovery is feeling free.
- 24. Recovery is feeling better about yourself and life.
- 25. Recovery is feeling safe.
- 26. Recovery is a lifelong process.
- 27. Recovery is feeling happy.
- 28. Recovery is accepting what has happened in the past.
- 29. Recovery is being able to hold others to account.
- 30. Recovery is having indefinite leave to remain.
- 31. Recovery is having access to legal services.
- 32. Recovery is receiving support in legal matters.
- 33. Recovery is being able to help others.
- 34. Recovery is having safe relationships with others.
- 35. Recovery is being able to communicate so that other people understand your experiences.
- 36. Recovery is meeting a partner and having a family.
- 37. Recovery is engaging in hobbies and activities that bring enjoyment.
- 38. Recovery is being able to meet your spiritual needs.



## FLOWCHART SUMMARIZING THE PROCESS OF GAINING CONSENSUS



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## MOMENTS-2 FINDINGS



## FINDINGS: PARTICIPANT DEMOGRAPHICS

- 120 experts participated in the Delphi Consultation.
- Round 1: 45 (8 survivors, 4 policymakers, 9 representatives from health and social care, 17 NGO professionals and 7 researchers).
- Round 2: 43 (8 survivors, 4 policymakers, 9 representatives from health and social care, 15 NGO professionals and 7 researchers).
- Round 3: 32 (7 survivors, 4 policymakers, 5 representatives from health and social care, 9 NGO professionals and 7 researchers).

	% Agree	Median	Survivors	Policymakers	Health and Social Care	NGO Professionals	Researchers
Recovery is an improvement in mental health	91	6	87	33	85	70	42
Recovery is unique to the individual	91	7	85	66	100	100	85
Recovery is feeling safe	90	8	87.5	75	87	94	100
Recovery is having self-awareness of mental health needs	88	7	100	75	75	88	100
Recovery is feeling better about yourself and life	88	8	87	50	87	70	85
Recovery is a lifelong process	88	8	62	75	87	100	100
Recovery is knowing how to access physical support when needed	87	6	87	66	57	70	57
Recovery is having safe relationships with others	84	8	87	75	75	88	85
Recovery is knowing your self-worth	82	7	100	100	71	70	85
Recovery is the freedom and capability to be yourself	82	7	100	100	71	70	85
Recovery is having the opportunity to thrive	79	7	100	100	71	70	85
Recovery is being in control of one's life	79	7	87	75	62	82	85
Recovery is feeling free	79	7	87	100	87	70	85
Recovery is being able to manage mental health symptoms	77	7	100	100	62	64	85
Recovery is living in a safe environment	77	8	25	75	50	88	85
Recovery is developing a sense of personal identity and celebrating it	76	7	100	66	60	75	85
Recovery is knowing how to access mental health support when needed	75	7	62	75	62	82	85
Recovery is having personal autonomy	75	7	66	100	80	62	85

FINAL LIST OF  
STATEMENTS  
THAT ACHIEVED  
CONSENSUS  
ACROSS ALL  
STAKEHOLDER  
GROUPS

MENTAL HEALTH	SAFETY	UNIQUE AND EVOLVING	AGENCY AND AUTONOMY
Recovery is an improvement in mental health.	Recovery is feeling safe.	Recovery is unique to the individual.	Recovery is knowing your self worth.
Recovery is having an awareness of mental health needs.	Recovery is living in a safe environment.	Recovery is a lifelong process.	Recovery is the freedom and capability to be yourself.
Recovery is being able to manage mental health symptoms.	Recovery is having a safe relationship with others.	Recovery is developing a sense of personal identity and celebrating it.	Recovery is having the opportunity to thrive.
Recovery is feeling better about yourself and life			Recovery is being in control of ones life.
			Recovery is feeling free.
			Recovery is about having personal autonomy.
			Recovery is knowing how to access physical health support when needed.
			Recovery is knowing how to access mental health support when needed.

# MAKING SENSE OF THE FINDINGS

## ADDITIONAL SURVIVOR STATEMENTS

- Recovery is understanding your mental health triggers.
- Recovery is having access to relevant, consistent mental health support.
- Recovery is having access to relevant, consistent physical health support.
- Recovery is living a fulfilling life.
- Recovery is experiencing the full range of emotion.
- Recovery is being resilient.
- Recovery having the best support around you.
- Recovery is having confidence.
- Recovery is a journey to acceptance.
- Recovery is being able to access all the support that is needed.

# SUMMARY

- Anti-slavery policy and practice is replete with references to recovery. However, this is poorly defined.
- Within the mental health sector a distinction is made between personal recovery and clinical recovery.
- Survivors accounts of recovery have some similarities to the existing evidence base in mental health with the addition of the concept of safety.
- Consensus across stakeholder groups was obtained for 18 statements related to recovery. These were themed into four core areas: mental health, safety, unique and evolving and agency and autonomy.

An illustration of several hands of different colors (white, grey, blue, brown, red) raised against a bright yellow background. The hands are stylized with simple outlines and some have wristbands. The background is a solid yellow with some faint, abstract shapes at the bottom.

ANY QUESTIONS?

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