Project Details	
Project Code	NMH27Ca Roberts
Title	Medication adherence in young people with first episode psychosis: a longitudinal mixed-methods biopsychosocial study of decision making.
Research Theme	Neuroscience & Mental Health
Project Type	Dry lab
Summary	Antipsychotic medication can reduce or resolve psychotic symptoms and help prevent relapse, but adherence remains challenging, particularly for young people with first episode psychosis. Decisions to continue, modify, or stop medication are influenced by more than clinical factors, involving beliefs, experiences, side effects, and wider biopsychosocial contexts. This PhD will investigate how young people make decisions about medication adherence using a longitudinal mixed-methods design. Through qualitative interviews and diaries, and quantitative measures, the study will explore how perceptions of illness and treatment evolve over time. Findings will inform patient-centred strategies to improve adherence and support recovery.
Description	Psychosis is characterised by disturbances in thoughts and perceptions, often resulting in hallucinations and delusions. Early intervention is associated with improved outcomes, and current Early Intervention in Psychosis (EIP) services recommend a combination of pharmacological and psychological interventions. Antipsychotic medication, alongside approaches such as cognitive behavioural therapy (CBT) and family interventions, is considered first-line treatment for first episode psychosis. Despite the effectiveness of antipsychotic medication in reducing symptoms and preventing relapse, adherence remains a significant challenge, particularly for young people. Much of the existing evidence is derived from adult populations, limiting our understanding of adherence in younger individuals. Studies suggest that young people experience lower adherence rates, commonly due to medication side effects, poor insight, negative attitudes towards medication, and ambivalence about treatment. High adherence has been associated with positive treatment beliefs, good insight, and family support, whereas non-adherence is often linked with medication rejection and substance misuse. Non-adherence in first episode psychosis is estimated at 40–50% and is influenced by a complex interplay of biopsychosocial factors. Patient-related influences include illness insight, beliefs, and substance use; treatment-related factors include side-effect burden and medication regimens; and social influences include relationships with healthcare professionals and family networks. However, less visible psychosocial influences—such as identity, autonomy, social expectations, and digital environments—remain underexplored. Understanding these influences may identify opportunities to better support adherence and recovery. This study is informed by the Common Sense Model (CSM) of illness, a health psychology framework which proposes that individuals develop beliefs about their condition and treatment that shape coping behaviours. Applying the CSM provides an opportunity to understand how young people's perceptions of psychosis and its treatment influence decisions about medication adherence and how these evolve over time.

	Aims and Research Questions: The aim of this study is to develop a model of medication adherence in young people with first episode psychosis by identifying biopsychosocial vulnerabilities and understanding how they influence decision-making over time. The research questions are: • What biopsychosocial vulnerabilities challenge adherence to antipsychotic medication in young people with psychosis? • How do these vulnerabilities evolve and interact with other adherence factors over time? • What factors may mitigate these vulnerabilities? The study will review existing evidence on adherence decision-making, explore the experiences of young people and their families, identify biopsychosocial influences on adherence, and examine perceptions of treatment benefits and harms. We hypothesise that lapses in adherence reflect preferences shaped by biopsychosocial context, experiences of treatment benefits and side effects, and understanding of illness. These influences are expected to change over time and affect both adherence intentions and behaviours. Methods: A longitudinal mixed-methods design will be used to explore biopsychosocial influences on medication adherence. Combining qualitative and quantitative approaches will capture subjective experiences and measurable changes over time. Data will be collected at baseline, 3 months, and 6 months. At baseline, participants will take part in a semi-structured interview (audio-recorded and transcribed verbatim), conducted online or in person, exploring experiences of psychosis, treatment, and medication-related decision-making. Following the interview, participants will complete regular diary entries over the six-month study period using written, audio, or video formats. Diaries will capture real-time reflections on medication experiences, treatment decisions, symptom changes, and everyday influences on adherence. Validated measures (e.g. Beliefs about Medication Questionnaire; Medication Adherence Report Scale; and Illness Perception Questionnaire) will assess illness and treatment beliefs, medication adherence, side effects, insight, quality of life, clinical symptoms, and service engagement at each time point. Information on non-adherence events, including relapse and hospital admission, will be collected throughout the study period and for a further six months. Participants: Between 16 and 24 young people aged 14–25 years will be recruited through Early Intervention in Psychosis services (e.g. Headspace in CVUHB) and invited to participate. Baseline assessments will include demographic and medication-related information. Recruitment will seek diverse experiences and social backgrounds. Analysis: Participant characteristics and quantitative measures will be analysed descriptively and explored in relation to adherence outcomes over time. Interview and diary data will be analysed using thematic analysis to identify patterns in experiences, beliefs, and decision-making processes related to medication use. Qualitative and quantitative findings will then be integrated to develop a theoretically informed model of medication adherence. This model will identify key biopsychosocial vulnerabilities and protective factors and

	provide a foundation for developing future strategies to support adherence and recovery in young people with psychosis. The student will play an active role in shaping the project, including refining the theoretical framework and contributing to methodological decisions. They will gain experience in participant recruitment, engagement, and longitudinal data collection. The student will also work with a Patient and Public Involvement and Engagement (PPIE) advisory group comprising young people with lived experience, families, and carers, who will inform recruitment strategies, study materials, and data collection methods. This involvement will help ensure the research remains relevant, inclusive, and person-centred.
Can be completed part time?	Yes
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