

Population Segment: Working Lives

Name: Robert McArthur

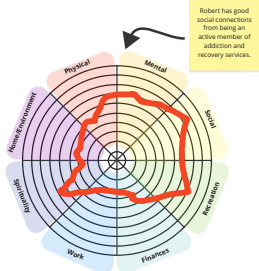
Age: 45

Gender: Male

MLTCs: Addiction, depression and anxiety, stomach ulcers and gastric issues, asthma.



Metaphor image: From Photovoice, street graffiti image shows how mental health feels following addiction: like a head in a vice, being crushed.



Robert has good social connections from being an active member of addiction and recovery services.

Metaphor image: From Photovoice, image shows hope through the rising sun, another day to be in control of their new life, free of addiction.



Summary

Robert has struggled with addiction since the age of 12. He was a substance and alcohol user for over 30 years. Institutionalised through the care system as a child and teenager, he has additionally had sporadic periods in psychiatric wards and prison in his 20s and 30s. At 40, he sought help with his addiction. He has been a regular attendee of a community-based recovery network for 3 years. With this help he is on the 12-step programme, is a volunteer addiction support worker and has developed links to his previously estranged family. He does not trust health professionals and historically, has not prioritised his physical or mental health. He suffers with acute social anxiety. After years of addiction, he does not expect his body to be without pain.

"You don't think you are good enough. You don't think you belong"

“

"The Doctor wouldn't look at you. (You were) judged before you got in! No point for asking for help. They see it as self-inflicted."

"Their answer is to give tablets, not look for answers. Get prescription, repeat."

”

Needs: To feel heard by health professionals following years of stigma and shame linked to addiction and family history. Understands the need to improve and protect his mental health, needs assistance to

Agency & capacity:

Robert recognises that he has to be proactive in healing and recovering his mental health. He has asked for support with childhood trauma. He does not like to go to the doctors and tends to ignore pains and physical ailments.

Key problems: Accepts MLTCs as a consequence of living in addiction for decades. Does not seek help from health professionals. Health conditions are accelerated and similar to those experienced in pre-frailty by other members of the population that live in more affluent settings.

Person

Age: 45

Gender: Male

Marital status: Single

Dependents: None

Ethnicity: White Scottish

Religion: Raised as a Catholic

Socioeconomic status: C2/D/E

Housing: Rented

Self

Predominant illness identity:

Addiction is engulfing, it dominates Robert's identity and daily life. There is an acceptance that this is part of his identity, and by tackling addiction, they are enriched and making positive changes in their lives.

Values:

What's important to him? Robert rebuilding connections to family, friends and self are important. To apologise and make amends for their behaviours during addiction. To stay sober and to advocate for others.

Stressors:

What causes him stress/worry? They feel acutely stressed when faced with mental and physical challenges, often linked to their illness identity. They worry about lapsing into addiction and that their bodies are 'broken' due to their previous actions and behaviours.

Mindset:

What is their mindset towards the future? To get through each day.

Goals:

What are their goals in life & relating to their MLTC? Robert does not expect to feel better, he does not expect to be well.

History

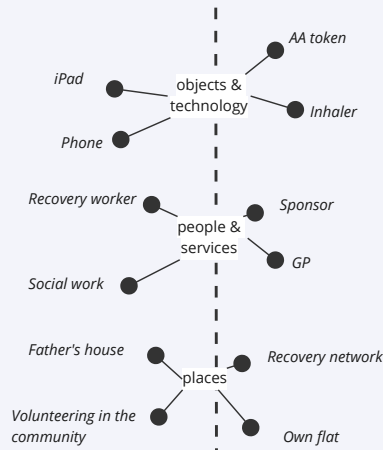
Robert was sent into care at 11 because of his solvent use. He grew up on an estate in Glasgow, where methadone and heroin use was common. Fell in with the 'wrong crowd'. He thinks that alcohol caused him greater physical damage in his twenties than the heroin use in his 30s. Due to his addiction he was isolated. He had a very poor diet which has led to gastric and stomach issues. He smoked heroin on tin foil, which affected his asthma and breathing difficulties. He is getting psychological help through the recovery community for his childhood trauma and abuse.

Current Activities

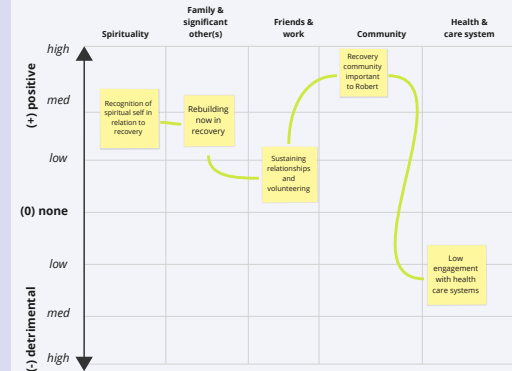
Leisure: Robert's focus is on recovery, so he does not have many leisure pursuits, but used to enjoy writing.

Capacity for rest / self care: He is improving and learning to prioritise his own physical and mental health needs.

Key touchpoints: Has sponsor and has recently made contact with his father and brother.



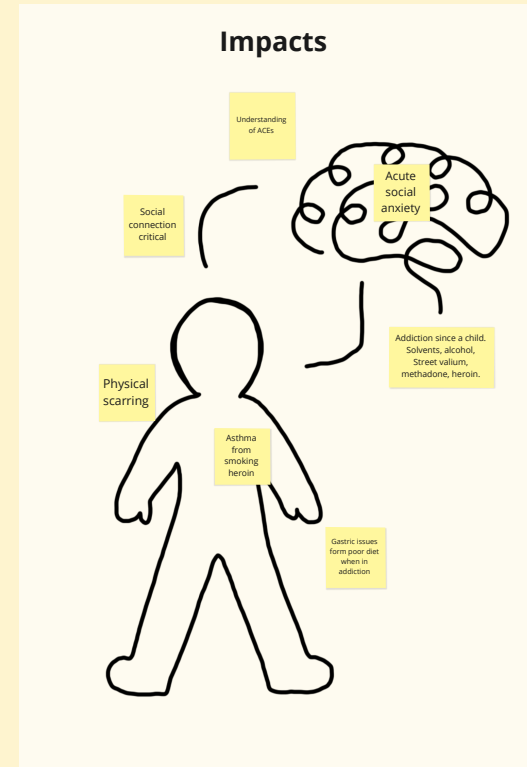
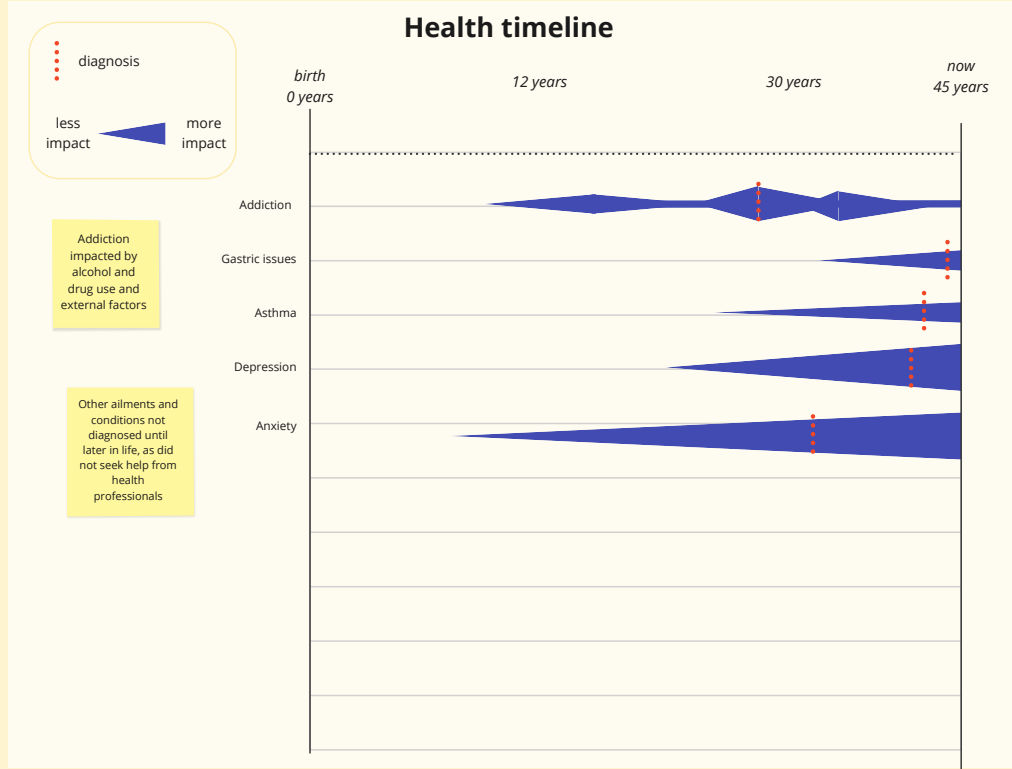
Support



Technology



Health



Management

Medications, services, equipment etc that they have used to help manage their conditions/symptoms.

✗ unhelpful
✓ helpful

✗ Taken into care

past

✓ Psychiatric ward

Methadone helped heroin addiction but never encouraged to reduce dose

✗ Methadone

Realised wanted help following sectioning for psychosis

present

✓ Support services

✓ Family reconnection

✓ alternative therapy

"Doctors can't help me by reading from a book. They need to listen to me and what's happening in my whole body."

Patient

Health attitude

Personal attitudes towards various aspects of health.

	General health & wellbeing	Conditions	Treatment	Health & care system
positive +				
neutral				
negative -				

Navigation

Condition information

How much information do they engage with about their conditions and medications?



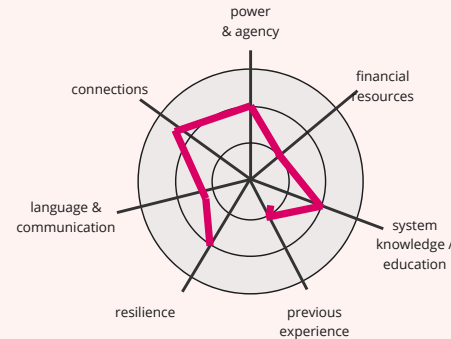
Condition knowledge

What level of knowledge do they have of each of their conditions, medications, and their combination/interaction?



System navigation

Ability and capacity to effectively navigate health & social care system(s) and access necessary resources, treatments, and support.



Health experience

Experiences and narratives relating to various aspects of living with MLTC.

	Conditions	Treatment	Social	Health & care system
positive +				
neutral				
negative -				