

## Power to the People

## Tasmania

**Information submitted by:**

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**Background:**

This initiative began in 2003 and is still running.

**Aim:**

To provide educational sessions which facilitate the development and understanding of psychosis and mental health, and a range of strategies to assist young people to manage their illness and enhance recovery.

**Specific objectives**

- Increase knowledge and understanding of psychosis, treatment options and related issues;
- Develop a range of coping strategies for management of the psychosis;
- Develop a relapse signature and awareness of personal warning signs;
- Increase sense of mastery and empowerment of self;
- Increase positive interactions with others;
- Increase knowledge and understanding of the mental health system; and
- Prevent relapse.

**Target group**

Young people (under 25) who are experiencing psychosis.

**Project Infrastructure****Lead agency**

Rehabilitation Services: Mental Health, Department of Health and Human Services (DHHS).

**Sectors and settings**

Other mental health teams have assisted to facilitate the group. Many settings across the mental health and youth sector have been involved in engaging young people in the group.

**Collaborations, partnerships, processes and protocols**

- The group was developed in consultation with ORYGEN youth health and based on their psycho education program for young people;
- Input was sought (re: areas of need in group programs for early intervention) from staff working in early intervention programs Australia wide;
- Consultation with case managers in community mental health centres and other youth community organizations led to the formation of the group; and
- Partnerships across mental health teams provide facilitators to run the groups.

**Staff/ personnel (including volunteers)**

Three mental health professionals assist with running the group:

- occupational therapist;
- psychiatric nurse; and
- clinical psychologist.

### Consumer or Carer involvement

Consumers are invited to attend as guest speakers at the session that deals with dealing with stigma. Consumers were consulted in the initial stages regarding useful information to include for those in the early stages of illness.

### Personnel training

Professional background and personal interest (reading journal articles etc.).

### Initial funding

Funded entirely through Department of Health and Human Services.

### Funding sustainability

Ongoing.

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## Implementation

### Detailed description

The “Power to the People” group module runs for seven sessions. These are held in the evenings to allow young people the opportunity to still attend school. Assistance with transport is available. The groups allow time for a shared dinner and socialisation is encouraged.

The sessions provide information and discussions about:

- The signs, symptoms, causes and course of psychosis (medications, stress, warning signs and relapse prevention, coping with ongoing symptoms, dealing with stigma, and developing wellness plans);
- Personal experiences and issues; and
- Socialisation.

The sessions run 2-3 times a year depending on need.

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## Resources

### Models

The need for the project arose through the priorities identified in the National Mental Health Plan, the DHHS corporate plan, and identified deficits in mental health as identified by SANE.

### Tools

- ‘Working with Groups in Early Psychosis’.
- ‘The Acute Phase of Early Psychosis: A Handbook on Management’.
- ‘Manual 1 – Psycho Education in Early Psychosis’ (currently being updated).

The above resources are all produced by EPPIC, Vic. (online order form at:

[http://www.eppic.org.au/mhp/resources/resource\\_listing.htm](http://www.eppic.org.au/mhp/resources/resource_listing.htm))

- **One in five: Living with a mental illness** (video) National Mental Health Strategy.  
Contact: National Mailing and Marketing (Dept. of Health and Ageing) ph:1800 066 247.
- **BASIS-32® : a 32-item Behaviour and Symptom Identification Scale**  
<http://www.basissurvey.org/basis32/>
- **The Rosenberg Self-Esteem Scale**  
[http://www.bsos.umd.edu/socy/grad/socpsy\\_rosenberg.html](http://www.bsos.umd.edu/socy/grad/socpsy_rosenberg.html)

### Evaluation

- **Evaluation/feedback form for participants**  
<http://www.auseinet.com/files/recovery/7eval.pdf>

## Recovery Framework: the 4A's

The following information provides details of project outcomes as they relate to the 4As framework. This is a model developed by the Australian Government to support an understanding of recovery based approaches.

(For more information about the 4As: go to summary sheet at [http://www.auseinet.com/files/factsheets/recov\\_summary05.pdf](http://www.auseinet.com/files/factsheets/recov_summary05.pdf))

**Awareness:** *involves developing an understanding of one's mental health needs, including specific knowledge of risk and protective factors. Includes education, stigma reduction.*

The program is based on developing an awareness of mental health needs and assisting the young person to take control of their illness. This is achieved through assisting individuals to recognise and deal effectively with their own triggers for relapse. The program looks at addressing the stigma related to mental illness, including the persons' own stigma and finding ways of dealing with this. The group aims to assist young people identify:

- Personal wellness needs;
- Risk factors that affect their mental health;
- Strategies to deal with stress; and
- Develop future goals.

**Anticipation:** *processes which support people who have been seriously affected by mental illness to make their own decisions rather than to have decisions imposed eg: discharge, recovery, crisis plans.*

The group aims to empower people with information that will enable them to feel more confident in being active partners in their wellness. It also assists in the development of self management skills in order to have more control over their illness.

The groups focus on planning for the future, managing ongoing symptoms and developing relapse prevention plans. These plans aim to assist the young person to develop their own strategies to support wellbeing.

**Access:** *timely access to the whole range of services that support wellbeing and early intervention in times of increased service need. Includes service collaboration and partnerships.*

Younger people in the community including those not attached to mental health services (for a number of reasons) are encouraged to attend the group. The group is promoted widely through the community not just in mental health (both government and NGOS) but through schools, youth services and agencies such as ARAFMI. Self referral is welcomed. Assistance with transport is also provided if required.

Relapse prevention plans encourage the young person to access the support of existing networks (eg: family, case mangers, GP's, school counsellors).

**Alternatives:** *recognising the need for an expanded range of treatment and community support options for people who have experienced mental illness eg: housing, employment, holistic treatment.*

The program encourages young people to develop a holistic view of their illness and utilises Cognitive Behavioural Therapy strategies, relaxation techniques, psycho education, and peer support through the group.

Group facilitators raise awareness of the opportunities for education, support and recreation through other community agencies and assist the young person to look at other avenues in the community.

### Evaluation/Outcomes

The program has been evaluated through pre and post measures including the BASIS 32, an insight checklist, the Rosenberg self esteem inventory (see Resources list above). Qualitative data is also obtained from the participants after every session and this has been used in the continuous development of the program.

Participant feedback has indicated an increased:

- Understanding of psychosis;
- Ability to cope with mental illness; and
- Ability to be able to solve problems and make decisions.

Other outcomes have included:

- 'Being inspired to be more active and finding ways to overcome the illness';
- 'Learning to stay strong through hard times which are immediate, and dealing with stress'; and
- 'Having an increased understanding of what stigma is'.

Participants reported:

- Enjoying meeting new people;
- Being involved in new activities,
- Talking more with others; and
- Becoming more aware of what others go through when dealing with their illness.

### What worked well

The peer support enabled by the group process was invaluable, reducing the isolation and developing positive friendships. Having an extended dinner with activities such as "haki sac" in the break encourages participants to challenge themselves and do things together. Insight and inspiration was provided by role models within the group who had been through the experience of psychosis.

### Challenges or barriers

- Lack of community transport;
- Poor referral pathways and lack of communication within the system (led to difficulties in being able to engage young people after their first episode) ; and
- Building community awareness around the benefits of early interventions (both general and mental health) in order to increase help seeking behaviours.

### Contact details

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