# Mental Health Promotion

## Case Studies from Countries

A Joint Publication of the World Federation for Mental Health and the World Health Organization

World Federation for Mental Health

World Health Organization

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Editors
Shekhar Saxena and Preston J Garrison

World Federation for Mental Health

World Health Organization

# Foreword

One of the major goals of both the World Federation for Mental Health (WFMH) and the World Health Organization (WHO) is promotion of mental health. Mental health is described by WHO as a state of well-being in which individuals are able to realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community. Viewed this way, mental health is more than a mere absence of mental disorders; it has a positive dimension and is relevant to all people rather than only to those with a disorder.

WFMH and WHO have fostered and encouraged development of mental health promotion activities throughout the world for many years, and are aware that some good work is being done in this field. However, a shared concern that most of the innovative mental health promotion programmes being developed are not widely disseminated and replicated led to this collaborative project. The project collected and compiled a sample of mental health promotion programmes, initiatives and strategies into a document that mental health associations and other organizations can use in their own communities and countries.

The case studies come from most regions of the world, though there are more from high income countries. However, there are some examples of good work from middle and low income countries, often working with incredibly small human and financial resources. A number of contributions have focused on culture-specific aspects of their activities; these are likely to be of particular interest to programme planners and will need special attention when attempts at replication are made. Case studies from high income countries often target populations that are disadvantaged, making these particularly interesting to WFMH and WHO. Overall, the collection gives a glimpse of the range of mental health promotion programmes, some evidence based and others less so.

This publication also demonstrates the close collaboration between the World Federation for Mental Health and the World Health Organization, who continue to work in a synergistic and harmonious manner towards promoting mental health in the world.

**L Patt Franciosi**
President
Board of Directors
World Federation for Mental Health
Alexandria, Virginia, USA

**Benedetto Saraceno**
Director, Department of Mental Health and
Substance Abuse,
World Health Organization
Geneva, Switzerland

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## SPAIN



## TURKEY



## THE UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND



## THE UNITED STATES OF AMERICA

# Preface

For several decades, local and national mental health organizations have designed and conducted mental health promotion and public awareness programmes. Many of these programmes have been effective in increasing public acceptance and understanding of mental and emotional health, and reducing stigma and misconception about mental health disorders and the people who experience them. Often these mental health promotion programmes tackle concerns of emotional health and well-being across the life-cycle, and encourage emotionally healthy practices and life choices.

Unfortunately, few of these innovative programmes are replicated beyond the communities where they are developed and conducted. As yet, mental health promotion has received too little attention and too few resources, especially when compared to the money spent worldwide on treating symptoms and mental disorders. However, the number of people in the world with mental and behavioural disorders continues to grow every year.

The present collaboration between the World Federation for Mental Health (WFMH) and the World Health Organization (WHO) on mental health promotion was aimed to collect illustrative mental health promotion programmes from countries around the world. This publication, *Mental Health Promotion: Case Studies from Countries,* is the product of our collaboration. It is another step to further our efforts in advocating to governments and international organizations for increased investment in mental health promotion activities. The concept of mental health followed in selecting these case studies is in accordance with WHO's description: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Promotion of mental health hence includes any activities that enhance the level of mental health of the community, including those suffering from a mental disorder. It also includes efforts to make the community more aware of mental health issues.

Thirty-five programmes were selected for inclusion in this publication from the 59 submissions received. These are arranged in this volume alphabetically by country name. While we could not include all of the submitted programmes, both WFMH and WHO are deeply grateful to those organizations that gave their time and effort to participate in the project.

WFMH and the Department of Mental Health and Substance Abuse, WHO are excited about the results of this collaborative project, and the promise it holds for advancing awareness and understanding of the progress being made to promote positive mental health practices throughout the world. We are also pleased to have the opportunity to acknowledge organizations that are leading the way in developing and implementing effective, culturally sensitive mental health promotion strategies that address the needs of individuals, families, communities and nations worldwide.

The programmes profiled in this publication will be highlighted at the Third World Conference on Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, which will be held in Auckland, New Zealand, in September 2004. With information on these programmes in print and soon to be recognized at a major conference, both WFMH and WHO look forward to seeing an increase in the sharing of

ideas among mental health promotion and education organizations. We hope this will lead to the replication of many of the programmes, and to many new and innovative mental health promotion programmes being designed, developed, implemented and evaluated in countries throughout the world.

We recognize that the case studies vary considerably in their objectives as well as in the detail they provide on method used and outcomes achieved, and on the extent of evaluation conducted. Not all of them would be considered evidence-based. However, the primary purpose here is to increase awareness and to initiate discussion; the publication of these case studies should not be construed as their endorsement by WFMH or WHO. Further information about the activities described in the case studies can be obtained from bibliographical and website references included with most case studies. Readers interested in collaborating with the authors should contact them directly; contact details including e-mail addresses are provided to facilitate further contact and collaboration.

**Shekhar Saxena**
Coordinator
Mental Health: Evidence and Research
World Health Organization
CH-1211 Geneva 27
Switzerland
E-mail: saxenas@who.int

**Preston J Garrison**
Secretary General and CEO
World Federation for Mental Health
PO Box 16810
Alexandria, Virginia 22302-0810
USA
E-mail: pgarrison@wfmh.com

# Acknowledgements

As with any project of this nature, many people contributed to its completion and success. First and foremost, WFMH and WHO are grateful to the organizations that submitted their programmes for consideration.

WFMH expresses particular thanks to Mildred Reynolds of Gaithersburg, Maryland, for her generous support as the major donor for the project, and for her ongoing interest and participation on the submissions review team. Dr Reynolds has long been active in the mental health field as both a professional and a volunteer. Her personal support made this project a reality. Richard C Hunter (1914–2004), former WFMH Deputy Secretary General, and Ellen Mercer, another of WFMH's dedicated volunteers from the Washington DC area, provided invaluable service in reviewing the programme submissions.

WHO would like to thank the Government of Finland for supporting this project financially and to make this publication possible.

Both WFMH and WHO staff made significant contributions to the project. At the WFMH Secretariat, the Director of Programs, Deborah Maguire, provided coordination of WFMH's tasks related to the project. Gwen Dixon, at the time WFMH's Office Administrator, assisted with mailings and the collecting and cataloguing of programme submissions. At WHO, Pratap Sharan provided technical help and, together with Rachna Bhargava and Emily Daley, assessed the submissions. Grazia Motturi was the primary contact with authors and Rosemary Westermeyer assisted with the production; both provided continuous administrative support. Editorial assistance was provided by Beth Nuttall and designing and layout by Reda Sadki.

# The Gaining Ground Program

## Working with children and families affected by mental health problems in New South Wales, Australia[1]

**Andrew Sozomenou[2], Alison Sneddon**

## INTRODUCTION

The Gaining Ground Program formed as an Interagency Committee in 1995 in South Western Sydney (SWS), hosted by the regional health service of New South Wales (NSW). The committee aimed to identify, advocate and lobby for, and address the needs of children and young people of a parent affected by a mental health problem.

Initial strategies included an epidemiological survey with all community mental health teams, development of a briefing paper to raise awareness of issues, and a conference to disseminate information and promote discussion of these issues. In 1997 the first Project Officer was employed and a Strategic Plan developed.

## AIM OF THE PROGRAM

The aim of the Gaining Ground Program is to promote the mental health and well-being of children living with a parent affected by a mental health problem.

## METHOD AND DESIGN

Pre-1997 achievements laid foundations for the development of the programme. The three major strands of the Gaining Ground Program are raising the awareness of mental health workers and other professionals regarding the needs of the target group, coordinating workshops and forums that examine strategies for effectively working with these groups, and developing strategies for promoting the mental health and well-being of children with a parent affected by a mental health problem. The Gaining Ground Program was instrumental in the development of a state-wide network which advocates for the needs of children affected by parental mental illness.

The Gaining Ground Program has been developed, implemented and evaluated within a framework of collaborative partnerships. The programme has developed eight initiatives which have synergistically operated in order to:

- address the needs of children living with a parent affected by mental health problems;
- address the needs of these parents;
- build the capacity of staff working with these client groups.

Brief synopses of the eight components making up the Gaining Ground Program are outlined below.

### GAINING GROUND GETAWAY CAMPS

The Getaway Camp aims to provide children and young people aged between 9 and 14 years, who live with a parent affected by mental health problems, with specific activities in which they can have fun; explore their feelings; enhance their coping skills; and increase their resiliency, communication skills, social skills and self-esteem. The Camp promotes positive mental health in a friendly and supportive environment.

[1] George St Health Centre, 157-161 George St, Level 2, Liverpool, NSW 2170, Australia. Web site: http://www.swsahs.nsw.gov.au/main.asp

[2] Correspondence address: Gaining Ground Program, George St Health Centre, 157-161 George St, Liverpool, Level 2, NSW 2170, Australia. E-mail address: andrew.sozomenou@swsahs.nsw.gov.au

Gaining Ground has worked collaboratively with the Greenacre Lions Club, South Western Sydney Area Health Service (SWSAHS) School-Link Program, South Western Sydney Carer Respite Centre, NSW Transcultural Mental Health Centre and Carers NSW to develop a camp which caters for approximately 70 young campers and 30 trained camp leaders. A unique therapeutic programme has been developed which is integrated within a range of sporting and recreational activities. This programme comprises three integrated components:

- Check it Out! – a Cognitive Behavioural Therapy programme adapted for the camp setting;
- Act it Out! – drama therapy workshops that support the Check it Out! Program;
- Work it Out! – challenging recreational activities that provide respite.

The Getaway Camp:

- has been developed to provide children and young people with respite from the stress they experience in their home and school environments;
- provides the opportunity for children and young people to meet others with similar backgrounds and experiences;
- promotes and fosters notions of teamwork, sharing and support;
- promotes an understanding among children and young people of the impact parental mental illness can have on their parent and themselves;
- allows for the exploration of issues and concerns facing young people living with parental mental illness, within a supportive environment;
- can be utilized as an access point for referral to other services provided in South Western Sydney.

The Getaway Camps differ from other camps by their integration of an evidence based therapeutic component throughout their duration. The camp has, through the establishment of key partnerships with bilingual and Aboriginal workers, engaged a large number of children from refugee and indigenous (Aboriginal) backgrounds.

## GETONBOARD – SAILING ADVENTURE WEEKENDS

The Rotary Club of Padstow and the Royal Motor Yacht Club at Pittwater, in partnership with the Gaining Ground Program, coordinate sailing training weekends for young campers who have displayed leadership qualities on the Getaway Camp. Young people are trained to a level where they can function as a cohesive sailing team, and learn to take command of a yacht. Once trained the young people take part in a competitive inshore race, under the supervision of an experienced sailing crew.

## GAINING GROUND ADOLESCENT PROGRAM

The Gaining Ground Adolescent Program brings together young people aged between 12 and 18 years living with a parent affected by a mental health problem. The Program runs for nine weeks, one afternoon a week. The Program aims to:

- develop young people's coping skills and enhance resilience;
- break down stigma surrounding mental health problems;
- develop skills in stress management;
- improve communication skills;
- enhance self-esteem;
- increase understanding of the parent's mental illness, its causes and treatment;
- develop supportive relationships with peers;
- increase understanding and acceptance of emotions.

The Program also provides participants with an opportunity to expand their peer support and social network. The pilot Adolescent Program was funded by the NSW Department of Juvenile Justice.

## GAINING GROUND FAMILY LIAISON OFFICERS

The Gaining Ground Family Liaison Officers were funded for three years by the Second National Mental Health Reform Incentive Funding. Three Family Liaison Officers were employed as part of mental health services for adults. Their role was to support mental health workers and other service providers in identifying and promoting the mental health of children and young people with a parent who is affected by a mental health problem.

Objectives for the Gaining Ground Family Liaison project included:

- identify children and young people with a parent who is affected by a mental health problem;
- provide support for the integration of Gaining Ground into service delivery;
- improve the comfort and accessibility of mental health services for families;
- identify and support the needs of children and young people of a parent with a mental health problem;
- provide appropriate support interventions for children and young people of a parent with a mental health problem;
- provide culturally appropriate assessment and intervention for families where a parent is affected by a mental health problem;

- promote collaborative approaches to service delivery for families where a parent is affected by a mental health problem.

## PILOT PARENTING PROGRAM

Gaining Ground, in partnership with Burnside, has piloted a parenting programme developed to meet the needs of parents affected by a mental health problem. The objectives of the Parenting Program are to:

- implement a programme that is accessible and appropriate to the needs of a parent affected by a mental health problem;
- promote self-esteem and competency in the parenting role;
- reduce the isolation of participating families;
- enhance family functioning and reduce the impact of parental mental health problems on children and young people.

## PILOT MOTHER–INFANT PLAYGROUPS

Gaining Ground piloted a Mother–Infant playgroup in 1997 in a partnership between Bankstown Mental Health Rehabilitation Service and Centacare.

This playgroup provided an important opportunity for mothers with a mental health problem to develop confidence in their parenting ability. The project aimed to assist women in developing the skills and confidence needed to subsequently integrate into a playgroup in their local community.

The objectives were to:

- provide access to a special purpose supervised playgroup;
- reduce isolation in participating families;
- raise self-esteem and confidence in parenting ability;
- provide information regarding mental health problems and available services;
- develop social skills and community networks;
- provide role models of appropriate play with children;
- develop links across services and agencies.

## GAINING GROUND INTERAGENCY COMMITTEE

The Gaining Ground Interagency Committee met quarterly over several years and was the central access point for agencies to meet and exchange ideas on advocating and lobbying for the needs of children and young people with a parent affected by a mental health problem. It provided a forum to access information about issues of concern and plan for community action.

## EDUCATION PROGRAMMES FOR WORKERS

Gaining Ground consistently coordinates education, forums and seminars for mental health workers. These allow workers to further understand the experiences of children and young people living with a parent affected by a mental health problem.

## RESULTS

Overall the Gaining Ground Program has achieved the following.

- Improved support of the needs of families where a parent is affected by mental health problems.
- Improved services for children and adolescents of a parent affected by mental health problems.
- Enhanced competence and satisfaction with the parental role of parents with a mental health problem.
- Improved pathways for referral and increased liaison between services.
- Increased capacity of mental health workers to meet the needs of children and families, based on self-report and statistics collected regarding assessment, intervention and referral.
- Increased number of programmes implemented in partnership with relevant agencies.
- Improved comfort and accessibility for families in mental health service environments.

## EVALUATION

Three quantitative measures are currently being used to evaluate the Gaining Ground Getaway Camp. These are administered immediately pre- and post-attendance, then after six months and finally after one year. The evaluation measures completed by young campers are a strengths and difficulties questionnaire, also completed by the parent about the young person (Goodman, 2002), the Child Depression Scale (Lang and Tisher, 1983) and the Adolescent Coping Scale (Frydenberg and Lewis, 1993). Questionnaires are also completed by camp leaders on the perceived effectiveness of the camp.

Three different quantitative measures were used to provide clinicians with individual information prior to conducting the Gaining Ground Adolescent Program, wand also to provide evaluation data. These were the Rosenberg Self Esteem Scale (Rosenberg, 1965), the Adolescent Coping Scale (Frydenberg and Lewis, 1993) and the Beck Hopelessness Scale (Beck and Steer, 1993). In addition to these psychometrically validated measures, a Mental Illness Questionnaire (Pietsch & Cuff, 1996) for children with a parent affected by a mental health problem was used, as well as a feedback form for participants.

The pilot Gaining Ground Parenting Program was evaluated using a Life Skills Profile (Rosen, Hadzi-Pavlovic and Parker, 1989), the Parenting Stress Index (Abidin, 1983) and a one hour exit interview specifically developed for this programme.

## DISCUSSION

Through its collaborative partnership the Gaining Ground Program has significantly raised the awareness of mental health

workers and other professional regarding the issues impacting on children living with a parent affected by a mental health problem, and on their parents. The programmes developed by Gaining Ground have begun to significantly address the needs of these children and their parents, and enhanced the capacity of staff and services.

## FUTURE PLANS

The Gaining Ground Program continues to gain strength and build on earlier work focused on the needs of the target group. One future aim is to create manuals of the programmes which have been developed, particularly the Gaining Ground Getaway Camp, the Gaining Ground Adolescent Peer Support Program (revised version), the Gaining Ground Parenting Program and the Gaining Ground Mother–Infant Playgroup. This will allow a large number of workers to be trained in the use of these programmes and as a result a larger network of services will be able to address the needs of the target group.

The Program will continue to:

- develop, implement and evaluate the current Gaining Ground programs;
- encourage discussion and debate with a broad range of agencies about the needs of children and young people of parents with mental health problems;
- produce good practice principles and guidelines for services and people working with these children and encourage their implementation throughout the area;
- produce appropriate resource materials for service providers, parents with a mental health problem, and children of parents with a mental health problem.

## ACKNOWLEDGMENTS

Prof Bryanne Barnett, Liz Reedy and Carol Vleeskens established the Gaining Ground Program in 1995 and facilitated the Interagency Committee. The Program has seen a number of Program Managers: Suzanne Pope, Michelle Hegarty, Leigh Cowley, and the current Manager Andrew Sozomenou, with Project Officer Kellie Tune. Family Liaison Officers have included Renata Ho'are, Trish Thornley and Maike Kaehler.

The Program has been guided and supported in achieving its goals by a committed Steering Committee. Current members are: Alison Sneddon, Area Coordinator, Infant Child and Adolescent Mental Health SWSAHS; Sandra Hoot, Director, Liverpool/Fairfield Mental Health Service SWSAHS; Anthea Jackson, Manager, Uniting Care Burnside; Cathie Gillan, Program Manager, Mental Health Promotion Unit SWSAHS; Greg Hand, Student Services and Equity Coordinator, Campbelltown District Office, NSW Department of Education and Training; Jenna Bateman, Executive Officer, Mental Health Co-ordinating Council; Narelle Heywood, Area Consumer Network Coordinator; Lorna Downes, SWS Regional Development Officer, Carers NSW Mental Health Project; Michelle Hegarty, Project Officer, Mental Health Co-ordinating Council; Prof Bryanne Barnett, Director, Infant Child and Adolescent Mental Health SWSAHS.

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# Promoting Resilience in Schools

## A collaborative mental health promotion programme in West Australia, Australia[1]

**Trish Travers**[2]

## INTRODUCTION

Three government departments of West Australia (WA) have collaborated to improve the mental health and well-being of students in the Great Southern health region. These are the Department of Education, the Department for Community Development and the Department of Health (including Child and Adolescent Mental Health Services, Mental Health, and Public and Community Health).

The partnership was established in order to implement and sustain programmes which are identified in Australia's National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (Commonwealth Department of Health and Aged Care, 2000) and the WA Mental Health Promotion and Illness Prevention Policy (Department of Health, 2002).

Mental Health Promotion in Schools Committees were established in the Narrogin and Albany district of the Great Southern health region to oversee collaboration, coordination, implementation, evaluation and sustainability of the strategies and programme. These interagency Committees piloted and evaluated two high-school programmes: in 2000 the Resourceful Adolescents Programme (RAP), which aimed to prevent depression (Shochet et al, 1997), and in 2001 FRIENDS, which focused on anxiety prevention (Barrett et al, 2000).

## AIM OF THE PROGRAMME

The overall aim of the Promoting Resilience in Schools programme is to reduce the prevalence of mental health problems (such as anxiety and depression) in students of the Narrogin and Albany education district.

The following sub goals will work towards achieving the overall aim.

- Collaborate with multidisciplinary agencies and coordinate the planning, implementation, evaluation and sustainability of mental health promotion and prevention programmes (FRIENDS and RAP) in Great Southern schools.
- Collaborate with multidisciplinary agencies and coordinate the planning, implementation, evaluation and sustainability of mental health promotion and prevention programmes for parents in the Great Southern health region.
- Provide early detection and support for students at risk of or showing symptoms of mental health problems.

## METHOD AND DESIGN

RAP was piloted in 2000 with six high schools, and FRIENDS in 2001 with 29 high schools. A Project Coordinator was employed for each pilot year, reporting to the interagency committee. Training was provided for teachers and support staff in Term 1 of each school year. Pre- and post-activity tests were administered to participating children using anxiety and depression scales. Evaluations were also conducted with students, parents and teachers.

Teacher manuals and student workbooks have been designed for both FRIENDS and RAP. Both programmes are approximately 10 weeks long, with one hour-long session each week. There are also have optional parent sessions. Teachers facilitate sessions providing knowledge about body clues, negative and positive self talk,

[1] Great Southern Public Health Services, PO Box 5147, Albany, West Australia 6332
[2] Correspondence address: Coordinator Mental Health Promotion, Great Southern Public Health Services, PO Box 5147, Albany, West Australia 6332. E-mail address: trish.travers@health.wa.gov.au

problem solving models, and support networks. Skills taught in the classroom are reinforced by the provision of mental health promotion programmes for parents held at the school or at a local community centre.

## RESULTS

100% of schools who piloted the RAP programme in 2000 continue to implement it on an annual basis. After completing the programme students reported significant improvements in their perceptions of peer relationships and perceptions of physical appearance and general self. The programme was effective in reducing the incidence of depressive symptoms and feelings of hopelessness. The initial six pilot schools (550 children) had expanded to 12 by 2003 (approximately 1 000 children).

86% of the 29 pilot schools have continued to implement the FRIENDS programme. By 2003, the number of schools had grown to 35. The majority of teachers surveyed felt that the programme was effective in enhancing the coping skills and self-esteem of their students. More than half the parents surveyed had noticed an increase their child's coping skills and self-esteem since participation in the programme.

The majority of students in both pilots showed reduced symptoms of anxiety and depression when comparing pre- and post-activity tests.

## DISCUSSION

More than 85% of schools in the Narrogin and Albany districts are now involved in programmes to promote resilience. Mental Health Promotion in Schools Committees have now been formally established in both the districts. The Departments of Health, Education and Community Development have successfully collaborated to achieve their aim of improving the mental health and well-being of students in the Great Southern health region. Programmes identified by national policy have been implemented and sustained.

The implementation of FRIENDS and RAP has been a highly successful collaborative project undertaken by the Great Southern health service and the Albany and Narrogin education districts. The support offered during their implementation has provided teachers with skills in promoting student health and well-being through the learning–teaching process. The Promoting Resilience in Schools collaboration has enabled schools to plan for a whole school approach to health and well-being.

In addition, as a result of these programmes school psychologists have reported that teachers are much better able to identify students at risk of emotional problems. This has been attributed to the training received prior to the programme's delivery and supervision provided during the programme. Interventions for those students identified as requiring further support are more effective because students are already familiar with the basic concepts presented during FRIENDS and RAP. Teachers are more able and willing to continue support across curriculum areas.

## FUTURE PLANS

Both FRIENDS and RAP have been adopted as priority programmes in the Great Southern Mental Health Promotion Strategic Plan 2002–2005 (Great Southern Public Health Services, 2002) and by the Mental Health Promotion in Schools Committees in Albany and Narrogin education districts. Strategies for sustaining the programmes include:

- maintaining the commitment of support from the Mental Health Promotion Coordinator, school psychologists and other key agencies represented on the Mental Health Promotion in Schools Committees;
- annual teacher training;
- media promotion.

The FRIENDS programme is identified as a strategy in the aforementioned Strategic Plan 2002–2005. This regional Plan has adopted the nationally identified programme, in line with recommendations in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (Commonwealth Department of Health and Aged Care, 2000). The Mental Health Promotion Coordinator of Great Southern Public Health Services will continue to promote, monitor and review both FRIENDS and RAP in the Great Southern health region with the assistance of the regional committees in Narrogin and Albany.

The success of future promotion of resilience in schools depends heavily on interagency collaboration and the development and sustainability of effective partnerships with key stakeholders in the region. The regional committees will continue to meet quarterly to review their progress.

Evaluation of the pilot FRIENDS and RAP programmes in the Great Southern health region has assisted the key stakeholders (such as the Departments of Health and Education) to assess the support that is required to ensure the sustainability of the Promoting Resilience in Schools programme. Furthermore, the evaluation will also assist schools to look at the support they may need to implement the programmes successfully. Schools will be encouraged to evaluate the programmes each year and provide feedback to the Mental Health Promotion Coordinator, who will report these findings to the regional committees.

The school psychology service and Mental Health Promotion Coordinator will continue to strongly encourage schools to conduct post-programme screening of students for anxiety and depression. This may assist in the identification of students at

risk of developing anxiety and depression and provide an opportunity for early intervention.

Teacher training will be offered annually in both the Albany and Narrogin education districts. Support will continue to be available from the school psychologist and Mental Health Promotion Coordinator, through school visits to discuss the implementation and any issues arising from the delivery of the programme. In addition to the children's programme, either the parents' programme, or parent information sessions, will be offered.

The Promoting Resilience in Schools programme will be publicized through local and regional media during the year. The programme will also be promoted at key conferences and School Principal's meetings.

The interagency committee in Albany has developed a video and cd ROM to showcase the interagency model the Great Southern health region has used to sustain mental health promotion programmes to other education and health districts. The video and cd ROM will be used at teacher training and parent education sessions and presented to other health and education regions as a model for implementing resilience-building programmes across whole education districts.

## ACKNOWLEDGEMENTS

The Great Southern Public Health Service would like to thank the FRIENDS and RAP teams at Griffith University of Queensland, Australia for their support.

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3

# Radio beyondblue

## Radio broadcasts in South Australia, Australia[1]

Neville Ormsby[2]

## INTRODUCTION

Mental health is not well understood by the public and presenting news and information through the popular medium of radio could assist in raising awareness of mental health issues in a big way. It could also allow people with mental health problems to learn more about mental health outside their own experience. They will realize that they are not alone in having mental health problems.

The best way to raise awareness of mental health issues through radio broadcasts is for the programme to be presented by people who themselves have mental health problems. This will not only give members of the public a better understanding of the issues, but will in time give the mental health consumers empowerment, confidence and self-esteem, and allow them to lead productive lives again.

## AIM OF THE PROJECT

The aim of Radio Beyondblue SA was to create a news and information programme presented by mental health consumers and aimed at mental health consumers, their carers and members of the public, therefore breaking down barriers and removing stigma and discrimination.

## METHOD AND DESIGN

The author (a recovered and stabilized mental health consumer) along with a group of mental health consumers set up a network of service providers in South Australia between 1991 and 1996, and broadcast a series of 36 radio programmes on the community radio station PBA-FM, beginning in September 1996 and covering the northern areas of Adelaide. The series was sponsored by the South Australia Mental Health Unit, but once these 36 radio programmes were completed in December 1997 we were unable to continue, as sponsorship was no longer available.

In late 2002, the author made contact with beyondblue, the Depression Initiative Organization in Victoria, seeking sponsorship to broadcast another 26 radio programmes. The request was approved at the beyondblue Directors Meeting and enough funds awarded to enable us to complete the 26 radio programmes and also to purchase a computer. The new computer helped the author set up a small network of service providers and mental health organizations outside of South Australia. As the project was in its early stages it restricted the author to a small network of service providers and mental health organizations in Victoria, New South Wales and the Australian Capital Territory.

In February 2003, while the final 13 radio programmes were being broadcast, and were sponsored by beyondblue, The National Depression Initiative, Uniting Care Wesley Port Adelaide (formerly Port Adelaide Central Mission) approached us, offering to control the financial side of the project. This was acceptable to the group. We then applied to the City of Salisbury (a local government authority in northern metropolitan Adelaide) for sponsorship money for another block of 13 radio programmes, and were successful.

Once this final block was over at the end of 2003, the author was faced with two choices: to stay at the community radio station or to see if the programme would be as successful on a city or countrywide commercial ra-

[1] South Australia Mental Health Unit, Department of Human Services and beyondblue, Victoria, Australia.
[2] Correspondence address: Unit 1/65 Windsor Grove, Klemzig, South Australia 5087, Australia.
E-mail address: normsby@bigpond.net.au

dio station. On 24 May 2004 the author successfully completed a radio announcer course and is currently endeavouring to find a position at a commercial radio station.

Because the group has only just started, the only statistics we have gathered are on our own performances, and from these performances we judged that the programme was a winning formula. Of the 18 group members that have contributed to the 75 radio programmes, most have regained confidence and self-esteem slowly but surely. They now seem ready and willing to lead productive lives again.

## RESULTS

After the mental health radio programme's first broadcast, the group was unsure how mental health consumers on the programme team would react. To our surprise the results were even better than we had anticipated as we saw the first seven consumers who were on the first radio programme team all regain confidence and self-esteem. They were able to find solutions to problems that they had struggled with for years and the most amazing thing was that they were then able to tell others about these problems through the medium of radio.

Two recent examples of individuals benefiting from their involvement with the programme are discussed below.

## DISCUSSION

The first example of this programme benefiting people with mental health problems concerns a male mental health consumer who surprised the group by sitting his radio announcer exam at PBA FM shortly after taking part in broadcasts. The group was unaware of his study until he had completed and passed the course. He had developed the confidence to do this from his experience of presenting the programmes live on air, and now he continues to recover more each day.

The second example is of a female mental health consumer who was attempting to commit suicide at least once every two weeks and spending between 24 and 48 hours in hospital each time before recovering enough to face the world again. She joined the programme team for the first block of radio programmes that were sponsored by beyondblue. She was a natural at radio announcing: through asking questions of professionals and service providers she was able to find out information she had been seeking for years without ever getting satisfactory answers. The answers and information came from a professional in Victoria which is outside the environment of South Australia. After we had finished the block of 13 programmes she had gained so much confidence and self-esteem that she was no longer suicidal. She is now enrolled in Maths and English courses at a Technical and Further Education College.

These two examples are the most recent successful results of the radio programme project from the 18 mental health consumers that have been involved to date. In addition to these two examples, the author would like to highlight his own experience. He has been free from all psychotropic medication for over two years, and now leads a productive life. He has successfully completed his first educational course in about 24 years, and feels full of confidence and self–esteem.

We are taking the project very carefully, making sure it can help the mental health consumers who will show signs that they are regaining confidence and self esteem after we do the radio programmes, and so far the radio programmes have been successful in their aim.

We believe this approach to promotion and prevention of mental health problems has been, and continues to be, so successful because the mental health consumers who are involved in the project are experienced in mental health, from a personal and individual viewpoint.

## FUTURE PLANS

Up to now this project has helped mental health consumers within Adelaide's northern suburbs, and now the author is hoping to work with a commercial radio station that has radio listeners and transmission coverage across many miles, and will broadcast the mental health radio programme to rural and remote mental health consumers, their carers and to the members of the public in South Australia and first and then around Australia.

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# The Resourceful Adolescent Programs

## Working with teenagers in Queensland, Australia[1]

Ian Shochet[2], Astrid Wurfl, Rebecca Hoge

## INTRODUCTION

The Resourceful Adolescent Programs were developed by converting current knowledge about evidence-based practice for treatment of depression (drawn from cognitive behavioural therapy and interpersonal therapy) into a school-based preventive intervention. The programme also addresses known psychosocial risk and protective factors for depression at both the individual and interpersonal level.

Two RAP programmes have been developed: the Resourceful Adolescent Program for Adolescents (RAP-A; Shochet, Holland and Whitefield, 1997) and the Resourceful Adolescent Parent Program (RAP-P; Shochet et al, 1998).

As universal interventions, the RAP programmes avoid the recruitment problems and stigmatisation often associated with selective or indicated preventive interventions for adolescents. In addition the universal approach, in accordance with population-based perspectives, provides potential public health benefits by targeting not only teenagers at immediate high risk but also adolescents who may, without the intervention, subsequently become at-risk.

## AIM OF THE PROGRAMME

The aim of the Resourceful Adolescent Programs is to prevent depression and promote well-being and resilience in adolescents. RAP addresses known individual and environmental risk factors for adolescent depression with a view to preventing depression and associated problems (increased risk of suicidal behaviour, and conduct and anxiety problems).

## METHOD AND DESIGN

### RAP-A

RAP-A is designed for administration within schools, as part of the curriculum, to adolescents between 12 and 15 years old. This is a period when risk for adolescent depression increases (Lewinsohn et al, 1994). RAP-A is usually administered by teachers or other school staff to groups of approximately 15 adolescents in 11 sessions, each fitting within a school period. Staff are trained as facilitators, and a Group Leader's Manual specifies programme content and process. Each adolescent receives a Participant's Workbook.

RAP-A is a positively-framed programme which helps participants build on their strengths and provides them with additional personal resources. The programme integrates elements of cognitive behavioural therapy (CBT) such as stress management, problem solving and cognitive restructuring, with elements of interpersonal therapy such as building personal support networks, preventing and managing conflict, and taking the perspectives of others. The 11 RAP-A session topics are:

- Getting to know you
- Building self esteem
- Introducing the RAP model (linking behaviour, body clues, self-talk and emotions)

[1] Queensland University of Technology, Carseldine Campus, Beams Road, Carseldine, Queensland 4034, Australia.
[2] Correspondence address: School of Psychology and Counselling, Queensland University of Technology, Carseldine Campus, Beams Road, Carseldine, Queensland 4034, Australia. E-mail address: I.Shochet@qut.edu.au

- Keeping calm
- Self-talk
- Thinking resourcefully
- Finding solutions to problems
- Identifying and accessing support networks
- Considering the other person's perspective
- Keeping the peace and making the peace
- Putting it all together.

Efficacy and effectiveness of RAP-A have been supported through several randomized controlled trials that have statistically analysed intervention effects (using Covariate ANOVA, MANOVA and t-test procedures) and clinical significance (chi-square analyses). The primary trials are summarized below.

An initial efficacy trial was conducted (Shochet et al, 2001). In a cohort-based randomized controlled trial, 134 Year 9 (14-year-old) students from a Brisbane high school participated in RAP-A. The previous Year 9 cohort (126 students) acted as a control group. Participants completed measures of depression and hopelessness at pre-intervention, post-intervention and at a 10-month follow-up. Group facilitators were mental health professionals or clinical psychology graduates, who undertook training tailored to the programme. Recruitment and retention rates were high with 85% of students participating.

A placebo-controlled trial was conducted using a version of RAP-A developed for dissemination in New Zealand – RAP-Kiwi (Merry et al, 2004). 392 students aged from 13 to 15 years old from two schools were randomized to intervention (RAP-Kiwi) or placebo-control groups. The placebo was similar to RAP-Kiwi in time and structure, but all putative active components of the intervention (e.g. CBT) were removed. Teachers who conducted the groups undertook specialized training.

## RAP-P

RAP-P is a positive programme, designed for parents of adolescents. RAP-P addresses family-based risk factors for adolescent depression, including unresolved and emotionally heated parent-adolescent conflict and protective factors including family harmony, support for growing independence coupled with ongoing appropriate attachment, and conflict management (Lewinsohn et al, 1994). The programme is usually provided through schools to parents of students aged between 12 and 15 years old through three 2.5-hour workshop sessions.

Session content and process are specified in Group Leader's Manuals and parents receive a Participant's Workbook. The themes of RAP-P are as follows:

- Part 1 – identifying parents' strengths, understanding how stress affects us as parents, and managing our stress;
- Part 2 – the parent's important role in teenage development;
- Part 3 – promoting positive family relationships, and conflict prevention and management.

RAP-P has also been produced as a video and in a flexible delivery format of six stand-alone workbooks.

## MULTI-SITE EFFECTIVENESS TRIAL

In order to test the "real world" effectiveness of RAP in a large rollout of the programme using sustainable resources, a three year multi-site effectiveness trial of both programmes, funded by the National Health and Medical Research Council (NHMRC), has recently been completed. This randomized controlled trial was conducted with 2 664 Year 8 students from two successive cohorts in 12 schools, drawn from three Australian States. Participants were randomly allocated on a matched school basis to a control group or either RAP-A or RAP-F. Students allocated to RAP-F group received the RAP-A programmes and their parents were invited take part in three RAP-P workshops and mailed a flexible delivery version of RAP-P.

To control for school effects, the first cohort in each school was assigned to either control or intervention group and the following cohort was assigned to the other group. In addition, students completed a measure of school connectedness, which was then statistically controlled. Teachers who delivered RAP-A completed a one-day group leaders training workshop. RAP-P was facilitated by school counsellors, psychologists or other local mental health workers who completed the one-day RAP-P group leader training. The flexible delivery format of RAP-P consisted of six stand-alone workbooks which were mailed to parents at two week intervals following completion of RAP-A.

# RESULTS

## RAP-A

Repeated measures multivariate analysis of variance (MANOVA) on data collected from the initial efficacy trial (Shochet et al, 2001) showed that students in the intervention conditions reported significantly lower levels of depressive symptoms at post-intervention and the 10-month follow-up, compared with the control group. Using Chi-square analyses, programme effects demonstrated clinical significance, indicated by movement between healthy, subclinical and clinical ranges on depression measures. Of the adolescents who scored in the subclinical range at pre-intervention, none in the intervention groups had become clinical at follow-up, compared with 10.5% in the control group. At follow-up, 75% of initially subclinical adolescents experiencing the intervention had moved into the healthy range compared with only 41% in the control group.

Analyses for the New Zealand randomized blind placebo-controlled trial (Merry et al, 2004) employed one-tailed inde-

pendent-samples t-tests, ANOVA and chi-squared tests. RAP-Kiwi participants recorded significantly greater improvements in depressive symptoms at post-intervention than those in the placebo condition. In clinical terms, student movement between BDI-II minimal/mild and moderate/severe categories at post-test indicated a net improvement of eleven students in the intervention group compared with a net deterioration of three students in the placebo group. No ongoing positive effect was measured by the BDI-II, but the significant positive effect of the intervention as measured by the RADS persisted to 18-month follow-up.

## MULTI-SITE EFFECTIVENESS TRIAL

The RAP programme's impact on depressive symptoms was evaluated using analysis of co-variance (ANCOVA). The RAP-A and RAP-F intervention groups were combined, as results suggested there were no differences in the effects of RAP-F and RAP-A. ANCOVA with post-test depression as dependent variable and pre-test depression and school connectedness as covariates showed that RAP participants recorded significantly lower levels of depressive symptoms than those in the control condition at both post-intervention and 12-month follow-up, although the effect size was smaller than in the initial efficacy trial.

RAP also demonstrated clinical significance. Chi-square analyses were conducted to compare the intervention and control groups at post-intervention and 10-month follow-up status in terms of risk for depression (based on scores on the Children's Depression Inventory). Approximately half (49.1%) of the at-risk students in the RAP intervention group were healthy at post-intervention compared with 35.3% in the control group. The pattern of results was maintained at follow-up, but statistical significance was not achieved due to insufficient statistical power caused by attrition.

## DISCUSSION

In summary, the three trials suggest confidence can be placed in RAP-A's efficacy in the short and medium term. There is also evidence of the programme's effectiveness in the short and medium term, but differences here are smaller. There appears to be no additional benefit to adding the parent component with regard to quantifiable impact on depressive symptoms. The RAP programme appears to deliver population health benefit in preventing depressive symptoms even when utilizing sustainable local resources.

Since its development in 1996, RAP has become widely used throughout Australia, with approximately 4 000 people in over 500 schools trained to facilitate the programme. RAP-A has been successfully introduced in several other countries. RAP-A or local language translations are now presented in schools in Canada, Serbia and Montenegro, the Federal Republic of Germany, the Swiss Confederation, the People's Republic of China and New Zealand. An indicated Dutch trial for depressed or anxious adolescents showed significant positive effects on anxiety, depression and self-efficacy (Muris, Bogie and Hoogsteder, 2001). A Supplement for adapting RAP-A for use with Aboriginal adolescents is nearing completion.

The RAP programme has been endorsed at Australian Commonwealth level as an evidence-based programme for preventing adolescent depression.

## FUTURE PLANS

In the NHMRC large-scale trial, school connectedness emerged as a strong predictor of adolescent mental health, a construct that has not been addressed by the RAP programmes to date. A Resourceful Adolescent Program for Teachers (RAP-T) was developed with the objective of providing teachers with skills to foster school connectedness. A pilot trial with 70 teachers in a government high school in Brisbane was well accepted by teachers and provided some input for refining the programme. A controlled trial, funded by the Australian Research Council, is currently being conducted to evaluate the impact of RAP-T.

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# How Different is Different?

## A programme bringing together adolescents and people with mental illness in Gent, Belgium[1]

**Paul Arteel**[2]

## INTRODUCTION

In the How Different is Different programme, initiated in 1991 by the Flemish Mental Health Association (VVGG), adolescents aged between 16 and 19 years old are confronted with mental health and mental illness. In the last campaign, (2003-4), more than 1 500 took part, meeting patients and their families who came to speak in the classroom and participating in a shared experience project. Pupils from 46 schools interacted with people with mental illness, either in hospital or a community setting, for at least three days.

## AIM OF THE PROGRAMME

The central aim of the programme is to allow human contact between adolescents and people with mental illness. It is also crucial that both parties have fun, learn to know each other and discover similarities between the other and themselves.

## METHOD AND DESIGN

In September of each year, all participating classes are visited by a VVGG collaborator who provides the adolescents with background information on mental illness, such as:

- the different diagnoses;
- how different disorders are treated;
- where mental health institutions are located.

Each pupil receives a booklet containing the most important facts, and teachers receive a map with extra information.

In the second stage of the programme a patient, or relative of a patient, visits the class and speaks about personal experiences of mental illness. Next, a group of patients in either a psychiatric hospital, sheltered living initiative or community mental health centre are contacted, and a project is designed. All patients of the institution or centre receive a leaflet with information on the How Different is Different programme. If they do not wish to be confronted with the visiting adolescents they can inform a staff member, but this is very rare.

Finally, for at least three days (either three consecutive days, or six evenings or afternoons) adolescents and patients complete their project. Each pupil and teacher keeps a diary of activities, experiences and emotions. At the end of the school year, a conference is held in Brussels for all participants (both patients and pupils) to speak about their activities or show a video of their project. Each participant receives a book containing a report of their project, with photographs and extracts from the diaries.

## RESULTS

When the programme started in 1991 there were five participating schools and 20 pupils. By 2003 1 500 pupils from 46 schools participated. All Flemish mental health initiatives (both hospitals and community mental health centres) were involved.

[1] Flemish Mental Health Association (VVGG), Tendersraat 14, B-9000 Gent, Belgium.
Website: **http://www.vvgg.be** Project website: **http://www.haia.be**
[2] Correspondence address: Flemish Mental Health Association (VVGG), Tendersraat 14, B-9000 Gent, Belgium.
E-mail address: **info@vvgg.be**

A wide range of activities and projects now take place: in 2003-4 projects included basketball games (the school team against a team of patients); the preparation and organization of a Christmas party in a home for sheltered living; a bicycle tour; an exhibition of paintings by patients and pupils; the production of a video and music or dance events.

## DISCUSSION

The diaries of pupils and teachers show a major change in attitude during the project. At the conference in Brussels on 21 April 2004, one participant told the audience how he had been raised to fear the inmates of the psychiatric hospital in his village, and told never to pass there at night. "Now," he said, "I have lots of friends in there, I like to visit them, even after sundown."

In one particular class, when the first meeting was held, two pupils "outed" their treatment for mental illness and half of the class admitted they had a relative with mental health problems. Previously this had never been spoken of; it was the best kept secret of each of the pupils. All felt relieved that they could share their mutual experiences. Each year, in one or more classes, a pupil "confesses" a suicide attempt; the programme is the first time they can speak openly with their friends.

Participating patients show much engagement in the programme. One gained an award from the Belgian Vocation Fund as a result. Mental health institutions were originally very reluctant to allow adolescents to "interfere with their business". Now they all are enthusiastic participants and encourage the adolescents with their projects.

Adolescents taking part in the How Different is Different programme have an unforgettable experience. They learn that patients are no different from themselves, and this is something they will remember for the rest of their lives. If ever they are confronted with mental health problems they will not be afraid, ashamed or ignorant, and they will know how and where to seek help for themselves or for people in their surroundings.

Finally:

- some adolescents have decided to make their career in mental health;
- the patients who participate find a new goal in their lives;
- the institutions have learned that opening their gates is a good idea.

## FUTURE PLANS

Each year more schools wish to participate in the programme. The organizers cannot provide enough projects: 50 schools and 1 500 pupils per year is the maximum that can be taken. At the moment there are waiting lists.

# Learning Through Play

## An international early intervention programme for infants, children and their families[1]

**Irene Bevc[2]**

## INTRODUCTION

Parents around the world want their children to develop a capacity to thrive. Current research shows that early childhood experiences have a major impact on brain structure and literally shape the way children learn, think, behave and interact with others throughout their life. Therefore, it is important that parents and caregivers understand the essential role they play in contributing to the promotion of holistic and healthy development in their children from birth to six years old. Encouraging healthy child development also may reduce the risk of adverse developmental outcomes and the need for more costly interventions later in life.

## AIM OF THE PROGRAMME

The aim of the Learning Through Play (LTP) programme is to support parents in their ability to stimulate healthy child development. The LTP programme teaches parents about the physical, cognitive, linguistic and socio-emotional aspects of child development, and encourages parental involvement, creativity, learning, and parent-child attachment. The LTP Calendars are tools that are used in the programme to provide parents with this information.

## METHOD AND DESIGN

In 1993 The Hincks-Dellcrest Centre in Toronto began a collaborative effort with Toronto Public Health and other community agencies to produce a parenting educational resource called Learning Through Play (LTP). This resource consists of two pictorial Calendars (birth to three years, and three to six years) that depict the successive stages of child development, along with brief descriptions of simple play activities that show parents what they can do to promote healthy development. The LTP Calendars are low-literacy, multicultural materials that have been culturally interpreted to ensure widespread acceptability. To date they have been translated into 11 different languages, with five additional languages from India in development.

The most innovative aspects of the LTP Calendar are:

- its emphasis on parent-child play as a means to promote learning and attachment;
- its use of a hands-on approach that emphasizes learning through demonstration and practice;
- its use of a simple, low-literacy, pictorial format to present information on successive stages of child development;
- its cultural sensitivity with respect to illustrations, language, concepts and values;
- its availability in many different languages.

## RESULTS

The LTP programme can be carried out by a variety of non-specialist staff (health workers, day care workers, lay home visitors) after appropriate training. The programme is flexible and can be delivered in a variety of formats with individual parents or groups of parents, from a one week workshop, integrated with routine antenatal and postnatal visits, to a programme spread over the first 6 years of a child's life with parent groups conducted at regular intervals. In addition, the LTP Calendar is a relatively inexpensive and simple tool that has

[1] The Hincks-Dellcrest Centre, 1645 Sheppard Avenue West, Toronto, Ontario, M3M 2X4, Canada.
[2] Correspondence address: The Hincks-Dellcrest Centre, 1645 Sheppard Avenue West, Toronto, Ontario, M3M 2X4, Canada. E-mail address: ibevc@hincksdellcrest.org. Web site: http://www.hicksdellcrest.org.

minimal reliance on the literacy of the parents. These attributes make it suitable for use in developing countries.

The LTP programme emphasizes teaching all aspects of child development (physical, cognitive, linguistic and socio-emotional), and is therefore consistent with the World Health Organization's definition of health. The programme's emphasis on promoting attachment is congruent with the 1999 Health Canada Report, which states that a loving, secure attachment between parents and babies in the first 18 months of life helps children to develop trust, self-esteem, emotional control and the ability to have positive relationships later in life.

To date, more than 100 000 copies of the LTP Calendars have been distributed to community agencies in Canada, who use this resource to support families to promote the healthy development of their children. These materials have been used in hundreds of programmes with great success, including parent education groups and home visiting programmes. For example, in the city of Toronto the LTP Calendar has been integrated into a home visiting programme known as Healthy Babies, Healthy Children, where it is used by home visitors as a key resource to make positive interventions with families living in at-risk situations.

The LTP programme's international involvement began in 1997 when The Hincks-Dellcrest Centre responded to an invitation to help implement the programme in Tamil Nadu, the Republic of India. Since then, the project in India has experienced significant growth. More than 600 child care workers and front-line staff working with children have been trained in the use of this resource. In addition, a coalition of agencies, with the assistance of UNICEF, adapted the LTP materials and produced a flip chart which is being introduced in 30 000 day care centres in Tamil Nadu. Training for 30 000 early childhood development workers was initiated along with the flip chart.

Based on the success in India, and with the help of the Canadian International Development Agency, the Hincks-Dellcrest Centre responded to requests to introduce LTP resources and training in the Islamic Republic of Pakistan, the Republic of El Salvador and the Republic of Peru. In the past year, requests have been received from many other countries, including the Republic of the Philippines, the Republic of Haiti, Saint Vincent and the Grenadines, the Republic of Columbia, the Republic of Honduras, the Republic of Guatemala, the Republic of Nicaragua and the Republic of Paraguay. Recently there has also been interest in the programme from the Republic of Zimbabwe, Malaysia and the Republic of Singapore.

## DISCUSSION

Over the years numerous anecdotal reports from parents and child educators indicated that the LTP Calendar is a useful and effective resource. Our international project partners have also reported that they successfully adapted the LTP resources to local conditions. In light of these positive reports, it was decided that research on the effectiveness of the LTP programme in a developing country would be useful. The Hincks-Dellcrest Centre's project partners in Pakistan shared this view. They feel that a country with very limited resources such as Pakistan cannot afford to make a mistake regarding the type of programme to be implemented. Research must demonstrate the programme's effectiveness before widespread implementation takes place. Therefore, The Hincks-Dellcrest Centre, in collaboration with the Pakistan's Human Development Research Foundation, began a long-term research study on the LTP programme in Pakistan. The phase one results of this study, conducted over a six month period, are reported here.

Phase one of the research was intended to assess the suitability, acceptability and impact of the LTP programme on mothers in one rural area of Pakistan. The specific objectives were to evaluate:

- whether the programme increased mothers' knowledge of early infant development and fostered attitudes supportive of healthy development;
- whether the programme led to a reduction in levels of maternal depression in the postnatal period.

The latter objective was considered to be particularly important because very high rates of postnatal depression had been reported in Pakistan, and research has shown that postnatal depression is associated with long-term emotional and cognitive problems in children.

The LTP programme was implemented in an impoverished rural area near Islamabad in April 2002. This area consists of 24 Union Councils, with five to seven villages in each Council, and 10–15 000 inhabitants per village. Most families depend on subsistence farming, with adult men earning wages from semi-skilled or unskilled labour, government employment and the armed forces. The average monthly family income is approximately US$ 52. The area has 20 Basic Health Units and two Rural Health Centres. Health services are provided by 28 doctors, 12 midwives, 15 vaccinators and 129 female primary health workers, called 'lady health workers' (LHWs). The LTP programme was grafted onto this existing health infrastructure, and was carried out by the LHWs. These women have high school education, live in the local community and provide preventive mother and child health care. Each LHW is responsible for about 1 000 women in her area.

Thirty LHWs in 10 of the Union Councils were recruited for participation in the LTP programme, and were trained by a psycholo-

gist. The training programme for LHWs was designed as a series of eight full day training sessions spread over a 3-year period, with each session focusing on one of the eight stages of child development between birth and three years of age. The timing of the training (every three to five months) corresponded to the ages of the children in the programme, and the needs of the parents for developmentally appropriate information. This schedule also accommodated the needs of LHWs, whose full-time employment did not allow participation in a lengthy training programme. LHWs received an additional one-hour long refresher session prior to conducting parenting groups on each stage of development. They also received the Urdu version of the LTP facilitators' training manual to allow them to plan their sessions with parents and to provide supplementary information on LTP concepts.

Mothers were recruited for the study in their last trimester of pregnancy. In total, 172 mothers received LTP training, and 153 mothers acted as controls. The control group received routine home visits from LHWs every two weeks, which focused on the health care of mother and child. The intervention group received a half-day training workshop on LTP concepts, in addition to home visits from the LHW every two weeks. Training sessions were conducted with groups of five to seven mothers, who were given the Urdu version of the LTP Calendar. In the intervention group, home visits focused on routine health care follow-up as well as on reinforcing the LTP concepts learned during the group sessions; mothers were also encouraged to form support groups on their own. During the first phase of the study (reported here), the intervention group was given training on the birth to two-month stage of child development.

Mothers' mental states, and their knowledge about and attitudes towards infant development, were assessed before and after the intervention. Several baseline measures of the intervention and control groups were taken and repeated after six months. Both groups completed a specially developed 15 item Infant Development Questionnaire to measure knowledge and attitudes, and a 20 item Self Reporting Questionnaire, a screening instrument used to identify women who show evidence of clinical depression.

Six months after the implementation of the LTP programme, the intervention group was found to have a statistically significant increase in knowledge about and positive attitudes towards infant development, compared to the control group. In addition, this group was found to have a statistically significant reduction in symptoms of maternal depression in those mothers who at baseline scored in the clinically depressed range on the screening instrument.

The results of phase one of the study in Pakistan, based on the first six months of programme implementation, are very positive. The LTP programme was well received by the mothers, and was successfully integrated into the existing health infrastructure at minimal extra cost. A very important finding is that the programme succeeded in improving mothers' knowledge about and attitudes towards infant development, and reducing symptoms of postnatal depression. It is important to note that this may be the first study that examines the suitability and applicability of a psychological intervention in a disadvantaged rural population in a developing country. The goal of the programme is now to continue and expand the success of this groundbreaking project.

## FUTURE PLANS

Future research will assess whether the LTP programme results in an enduring improvement in mother-infant interaction, whether it has an impact on the psychological development of infants, and whether continued intervention results in further reduction of postnatal depression. Phase two of the study in Pakistan will also examine the relationship between postnatal depression and availability of social support, and consider whether mothers' social support networks can be strengthened to reduce the incidence and severity of postnatal depression, which has such a deleterious impact on child development.

The LTP programme has demonstrated significant progress and strong research results. The challengenow is to support the six countries where it is established, expand the programme on a wider basis, and respond to the many requests to implement this programme in other countries.

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# The Colour of My Emotion drawing contest

## A project in the Depression Awareness Campaign in Taipei, Taiwan, China[1]

YEH Ya-Hsing[2], Wu Yu-Yu

## INTRODUCTION

The John Tung Foundation was established by John Tung and David Yen in May 1984. The Foundation is composed of several units, including tobacco banning and prevention, food and nutrition, mental health, and Health for All magazine. The mission of the Foundation is to promote physical and mental health for all, prevention being more important than treatment in the Foundation's philosophy.

Each year the following mental health promotion activities are carried out by the Foundation's mental health unit:

- emotional development camps for children and adolescents;
- public presentations on stress management for adults;
- workshops for teachers on dealing with depressed students in high schools;
- depression screening for the public.

Materials such as books, pamphlets, commercial film and short films are produced and circulated to raise awareness and improve knowledge among the target audience. In addition to public education through mass media, the mental health unit also conducts surveys and community presentations to promote mental health for all.

There were three major events in 2003:

- Depression Screening Day;
- Depression and Relaxation: a Teaching Designation Competition;
- Mapping Emotion: Selection Activity Concerning Teen Creative Painting.

## AIM OF THE PROJECT

The main aims of the Colour of My Emotions project were to:

- allow children and teenagers to recognize their mood, and arouse their self-awareness;
- provide a healthy way for children and teenagers to express their mood;
- develop a better prevention and treatment model for adolescents, families and schools through the experience gained and data gathered;
- share the project's field-tested prevention model with other Chinese-speaking societies and countries.

## METHOD AND DESIGN

The first stage, project announcement and promotion, took place from May to September 2003. All students aged under 15 in Taiwan, China were invited to submit paintings showing their emotions. The contest was announced through the media, and particularly through direct promotion within schools' Internet. Entries were submitted between October and November 2003. Students chose from one of the following themes.

- What are the colours of my feelings?
- What are the images of my depression?

[1] John Tung Foundation and Department of Child Psychiatry at Chang Gung Memorial Hospital
[2] Correspondence address: YEH Ya-Hsing, Mental Health Section, John Tung Foundation, 12F-3, No 57, Fu-Shin N. Road, 105 Taipei, Taiwan, China. E-mail address: mhya@jtf.org.tw

- What are the things I do to make me feel better?
- What would I share with others when I am depressed?

Participants were classified into five groups: kindergarten; low, middle and high grades of elementary school; and junior high school. Less than ten paintings from each school were chosen and sent to the John Tung Foundation. The five best paintings per group were chosen from each city or county by a panel of judges including psychiatrists, artists and other professionals. In the final selection process, judges chose four outstanding paintings and thirty excellent paintings from each group. The four outstanding paintings from each section received a cash award of NT$ 5 000 and a souvenir. To encourage teachers' participation, the teachers of winning students also received a cash award of NT$ 2 000 and a souvenir. The thirty excellent paintings from each section received a certificate of merit and a souvenir, as did all paintings reaching the penultimate round, and all those initially chosen by schools received certificates of participation. Award winning paintings were exhibited throughout January 2004 at the Shui-jing Stage, Taipei. At the same time, a "Sending Out Happiness" activity was held on the John Tung Foundation website.

Winning paintings will be used for future mental health promotion activities, and have been manufactured into eight kinds of product, including emotional letters, calendars, book notes, scratch pads, mouse pads, documentary files and e-cards.

Now that the contest is over, the entire project, from planning through execution to evaluation, will be reviewed to aid the future development of depression prevention models.

## RESULTS

The Colour of My Emotion drawing contest had a great number of participants from throughout the island. The John Tung Foundation received an astoundingly 4 287 paintings.

All of the depression prevention methods recorded in the submissions were analysed and categorized by the judges using percentage frequency and the t test. Results were presented at a press conference in January 2004.

70% of paintings represented well-being without any stress. The main source of stress represented in the paintings is fear, which includes fear of animals, insects, imaginary monsters and the like (13.3%). The other, more minor source of stress is schoolwork (6.2%). In terms of the represented emotional element, next to "gleefulness" or happiness (43.4%), the most common phenomenon is mingled emotional reactions (23.2%); for example, a child might imagine flying while crying. Other emotions represented in the paintings are sadness (12.2%), anger (9.5%), and fear (6.8%).

The eight activities most often employed by students to mitigate their depressing mood were:

- sport
- music-related activities
- venting pent up feelings
- entertainment
- shopping
- drawing or painting
- taking a shower or bath
- going for a walk.

Four phenomena are particularly noticeable in these paintings.

- The older the student, the more difficulties are encountered in study and therefore the more paintings there are depicting problems or frustration with their exams.
- Students from rural areas use more green in their paintings than their counterparts in the city, and feature more interactions with the natural environment.
- Most drawings that feature human interaction centre on conflict with the mother.
- The frequency of presentations of negative emotion increases with the age of the students.

## DISCUSSION

This project provided adolescents with concrete and effective ways to recognize and relax melancholic emotions, and assisted them by showing ways to be free from such disturbances. The application of the winning works of art as tools for mental health promotion raised awareness of adolescent depression, and mental health education has since continued to receive mass media attention and generate heated discussion.

It is through the mass media that the John Tung Foundation's mental health unit has attempted to extend knowledge of its project activity to the general public and to incorporate concepts of adolescent depression in the promotion of teenage mental health. The reason for the success of this project might be the effective and systematic targeting of schools, libraries and artist studios.

After flyers were sent to the schools, many teachers and parents called for more information about the aims of the project. The project also provided a chance for teachers and parents to learn about melancholic emotions and how to introduce the concept of mood to teenagers. This should remind them to care for adolescents' psychological health and give support and encouragement.

608 schools – almost 9% of schools on the island – entered this contest. The number of participants in the award ceremony, including parents, reached more than 500. Due to

the positive reaction from the mass media, there were more than ten TV stations, radio stations, and press journalists that took part in the award ceremony. After news of the contest was published, the mental health unit received many telephone calls from members of the public hoping to obtain the mental health education products produced from the paintings.

## FUTURE PLANS

It is anticipated that we will continue to extend the project on depression, relaxation and positive attitudes towards adolescent mental disorder, through mutual cooperation. The scope of project aims will be expanded and the project developed in other Chinese-speaking regions. Ningbo City has already been contacted and the John Tung Foundation mental health unit has begun working cooperatively by providing patterns of activity and procedures for local schools and bureaus of public health in 2004. Next, the diverse methods of relaxation in Taipei and Ningbo City will be compared and analysed.

The project is also being extended to junior high and senior high schools, and vocational schools, and is thus undertaking the task of long-term observation and evaluation. In the future, experience born of the anticipated activities will serve as referential evidence for correcting or consolidating the literature; meanwhile it can function as a traditional mechanism that helps deal with adolescent melancholic emotions.

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# The Defeat Depression Project

## A multilevel mental health education programme for Chinese-speaking communities in Hong Kong SAR[1]

**Eugenie Y Leung[2], Hung-Kin Cheung, the Defeat Depression Project Team**

## INTRODUCTION

The Defeat Depression Project is a comprehensive educational programme designed for Chinese-speaking communities in China, Hong Kong Special Administrative Region. The programme takes language and cultural dimensions into consideration with regard to the recognition, treatment and prevention of depressive illness. The target groups were residents of the New Territories West (NTW) cluster of Hong Kong SAR, an area with one million inhabitants, but the information and results were useful for other Chinese-speaking communities in China and throughout the world.

The need for better awareness of depression was indicated by four factors.

- The possibility that depression will be the leading cause of disability by 2020 (World Health Organization, 2001) and that unipolar major depression is the second largest contributor to the burden of disease in China (Murray and Lopez, 1996).
- Research evidence showing that the lower rates of depression in Chinese communities were related to denial and a tendency to express depression somatically (Parker, Galdstone and Chee, 2001).
- Statistics in Hong Kong SAR which showed that consultation and specialist treatment in the Hospital Authority for depressive illnesses increased by 40% between 1999 and 2002.
- A local community survey in 1999 (details are given below), found that 39% of respondents reported significant depressive symptoms, but 46% did not know that depression is a mental illness and 62% did not know that it is treatable.

## AIM OF THE PROJECT

The aim of the Project was threefold:

1. to educate the general public and high-risk populations about depression as a mental illness, and its prevention and treatment;
2. to provide evidence based information and the sharing of skills to family doctors and other community healthcare professionals;
3. to reduce the disability related to depression by empowering patients and carers.

## METHOD AND DESIGN

The Defeat Depression Project was a multi-target, multimedia educational project involving a multidisciplinary collaboration.

Prior to the Project's commencement, the Institute of Mental Health commissioned an independent body, Lingnan University, to conduct a community survey in the NTW cluster (1999). The survey provided baseline data on public knowledge and misconceptions about depression, in order to facilitate a cost-effective education programme which would address the specific training needs of the community.

[1] The Institute of Mental Health, Castle Peak Hospital, Hospital Authority, Hong Kong SAR.
Web site: http://www.imh.org.hk/depression.
[2] Correspondence address: Clinical Psychologist and Project Manager, Castle Peak Hospital,
15 Tsing Chung Koon Road, Tuen Mun, New Territories, Hong Kong SAR. E-mail address: leungse@ha.org.hk

Key messages of the Project were based on needs identified in the community study, and included:

- awareness of depression, its mental health risk and its social cost;
- up to date knowledge on effective biopsychosocial treatment;
- personal and social benefits of early identification and early intervention;
- reduced stigmatization of depression and barriers to seeking treatment;
- sensitivity to depression-related suicides and homicide-suicides;
- positive coping and mentally healthy lifestyles.

The Defeat Depression Project had a budget of HK$ 1 million (approximately US$ 128 000) with which to provide education for the public, patient groups and professionals.

## MENTAL HEALTH EDUCATION FOR THE GENERAL PUBLIC

This included publications, multi-media education and large-scale community educational activities. Over twenty-three educational pamphlets were published. This included local productions and translated pamphlets. The Project Team was authorized by the Royal College of Psychiatrists (England) to translate a series of their educational pamphlets into Chinese. The topics of these 23 leaflets were on :

- Depression
- Depressive Cognitions
- Suicide
- Manic Depressive Illness
- Postnatal Depression
- Depression in Children and Adolescence
- Depression in Men
- Depression in the Workplace
- Alcohol and Depression
- Depression and Substance Abuse
- Depression and Crime
- Depression in the Older Adults
- Depression in People with Intellectual Disability
- Antidepressants
- Electroconvulsive Therapy.

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Defeat Depression, a Chinese book written by the Castle Peak Hospital staff, was published by one of Hong Kong SAR's leading publishers and sold in local and international Chinese bookstores. The book contained 40 case studies of mild to severe depression, and treatment and self-help information. The authors included psychiatrists, clinical psychologists, occupational therapists, social workers and nurses.

Ten thousand free copies of a cd ROM about depression, containing case vignettes and expert comments on symptoms and causes of depression, were distributed to the public in the local district. A quiz contest was conducted to encourage viewing the contents. To transcend international boundaries, educational materials were placed on the Project's web site. This included a short screening test, radio drama series, lecture excerpts, and all the educational pamphlets available as a free download. The Project collaborated with local mass media (television, radio, newspapers, magazines) to provide public education on depression. Over 30 feature interviews were conducted. In this way the public were made aware of untreated depression as a key underlying problem in suicide, homicide-suicide and family violence.

The Defeat Depression Project organized several large-scale educational programmes. A radio drama series titled The Age of Depression was jointly produced with a leading radio station and broadcast in 2001 and 2002. The series comprised six 20-minute drama enactments of cases studies such as depressed adolescents, postnatal women, unemployed people, suicidal people, marital and family discord and depressed elderly people, concluded by a five minute interview with mental health professionals. Two episodes focusing on suicide and unemployment were released on audio cd as these were major psychosocial issues during the economic downturn in Hong Kong SAR. Six thousand free copies were distributed to the general public.

Over 30 large-scale community education programmes such as seminars, road shows, games days and exhibitions were held in the local community on the topics of depression, suicide and family tension. To foster positive thinking, adaptive coping and resilience, a game set called Game FUN was produced. It is in the format of a table game for students and adults, where players consider options and alternative solutions to hypothetical life adversities.

## EDUCATION ON DEPRESSION FOR TARGET PATIENT AND HIGH-RISK GROUPS

Specialized education on the prevention, identification and treatment of depression was provided to patients, and carers of children and adolescents, elderly people, people with substance abuse problems, pregnant and postpartum women, people with family problems, work stress or unemployment, and people with intellectual disability. The emphasis of the education was on the characteristic symptoms and unique needs of each of these high-risk groups.

Activities included a series of educational forums for patients and relatives, support groups for depressed patients, parenting courses for depressed mothers, and workshops for community carers. Rehabilitated clients and their families contributed to this process of self- and mutual help as paid workers in clerical duties and as speakers and advocates in educational sessions.

## EDUCATION FOR PROFESSIONALS

General and family medical practitioners in the public and private sectors work with Institute of Mental Health in the early detection and treatment of depression. The sharing of knowledge and skills among professional groups was fostered through Community Medical Programmes and the production of a Depression Education Kit for general practitioners. The latter contained practical symptom checklists, quick reference materials and PowerPoint presentation files on depressive illnesses.

A Community Awareness Depression Kit was compiled as a training package on depression. The Kit contained ready-made materials such as a video introduction to depression, lecturer's notes, overhead transparencies and a complete set of educational pamphlets. Train the trainer sessions were provided to mental health professionals. Other training materials targeted at social service providers and professional carers included a video cd on dual diagnosis of depression and substance abuse, and an awareness tool on mood problems in the intellectually disabled.

A post-project community survey (2002) was conducted by Lingnan University to study the impact of the Project. Results of a participant evaluation study and patient statistics were gathered in this period to give qualitative and quantitative evaluation data.

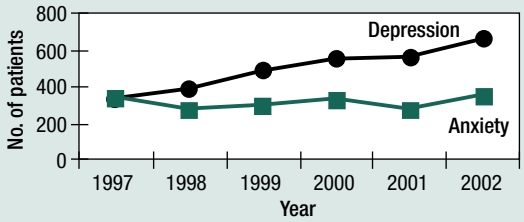
## RESULTS

Data from the post-project survey showed that the general public was better educated about depression and its social impact. Improved public awareness of depression as a mental illness was reflected in the significant difference in public knowledge between the pre- and post-Project surveys (Institute of Mental Health, 1999 and 2002). Improvements were noted in the areas of symptom knowledge, potential risks of suicide, and readiness to seek professional help (overall, 53.5% in 1999 and 76.7% in 2002, $p<0.01$).

Stigmatization of people who sought professional help for depression was gradually decreasing. Those affected by mental illness and other interested readers had better access to the wealth of information available and were encouraged to adopt a healthy and positive lifestyle.

A higher sensitivity to early symptoms and intervention was indicated by a significant increase in the number of new cases with depression in the NTW cluster. This was 59% between 1999 and 2002, while the overall increase in Hong Kong SAR was only 47%. Moreover, the number of new patients with depression in the NTW cluster has shown a more significant increase since the implementation of the Defeat Depression Project in November 1999, compared to the steady trend in new patients with anxiety disorders throughout the whole period measured. Figure 1 demonstrates this difference in rates of increase.

## FIGURE 1




**Total depression and anxiety patients in the NTW cluster, 1997-2002**

## DISCUSSION

The Project was locally and internationally recognized as an educational campaign on depression. It gained international recognition in the Community Service Project or Programme category of the Asian Hospital Management Awards 2002. The proactive advocacy and preventive efforts of the Project were recognized by Dr. EK Yeoh, the Secretary for Health, Welfare and Food of Hong Kong SAR, in the Legislative Council on 11 December 2002: "Castle Peak Hospital has, since 1999, implemented a Defeat Depression Project to disseminate educational messages on mental health to patients, their carers, and the general public". Dr Yeoh went on to assert his commitment to foster public education campaigns to promote mental health awareness and acceptance, sensitize healthcare staff, and equip them with the clinical knowledge needed to identify people with mood disorders and facilitate early treatment referrals.

The success of this Project can be attributed to staff devotion, management support and community collaboration. Over 150 staff members from multiple disciplines have contributed their voluntary services at different stages. The Project's implementation during this period of global economic recession, local unemployment problems, post-SARS (severe acute respiratory syndrome) recovery, war and terrorism means that it

has been timely in meeting increased demands from the public and professionals for knowledge on coping with adversities and promotion of mental health.

## FUTURE PLANS

Although the Defeat Depression Project was officially closed in early 2003, the multimedia educational materials continue to be accessible to people with depression and to their carers. The Institute of Mental Health at Castle Peak Hospital launched another three year large-scale mental health education programme known as Project SEPAL (Support and Empower Your Pal) in 2003. This is a carer mental health project, and materials from the Defeat Depression Project will be helpful in assisting carers to be aware of their own risk of emotional problems. Public money and professional contributions are therefore economically and efficiently re-used to benefit the community.

The World Health Organization has concluded that depressive illness is the leading cause of mental health problems, highlighting the need for global awareness of depression. The multimedia educational package produced by the Defeat Depression Project allows Chinese-speaking communities to have easy and ready access to high quality, easy to understand information on the prevention, early detection and early treatment of depression. The complete package will be sent to reference libraries and mental health education agencies in both local and international settings, particularly in Chinese communities, to ensure a wider sharing of information and skills.

The Project was introduced to the international healthcare community at the Hong Kong Hospital Authority Convention in May 2004. The Institute of Mental Health will continue to share the knowledge gained from this Project and any future projects with a worldwide Chinese-speaking readership.

## ACKNOWLEDGEMENTS

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# Love–NewLife Self Healing Programme

## A mental health programme for people with cancer in Hsi-Zu City, Taiwan, China[1]

Lin Hung-wen, Chang Chueh, Wang Kai, Lin Ming-fa[2], Yeh Feng-jung, Lin Hung-chang, John Soderlund

## INTRODUCTION

Taiwan Department of Health, Bureau of Health Promotion, reported in 2000 that the number of cancer patients is increasing rapidly and that the government has severe problems in supporting patients once they leave the doctor's care. There is a need to help patients bring themselves back into the main stream of life. The few support groups that exist are funded by the local hospitals, but they are limited in scope, and often limited to a single type of cancer.

The New Life Centre is a mutual help non-profit-making organization established in 2000 to help cancer patients who are left unsupported by the existing system. The Centre receives no funding from the government, medical companies or local hospitals, although local doctors volunteer their personal time to work at the Centre, which is a valuable and much welcome addition to the group.

## AIM OF THE PROGRAMME

The purpose of the Love–NewLife Self Healing programme is to encourage all participants to have a positive and optimistic attitude toward life, overcome their diseases, arouse internal perception, ignite faith in the internal power of self-healing and reaffirm their self-esteem.

This is achieved through a combination of traditional Chinese Chi-Gung, physical fitness, creative dancing, meditation, singing, art appreciation, group care, counselling, and a series of body-mind courses. By means of these activities, patients rekindle their hope and passion for life, and the shadow of death recedes. Through unselfish love and care, they are led out of a state of fear and depression to a normal, healthy life.

## METHOD AND DESIGN

Of the few existing cancer support groups in Taipei. The New Life Centre is the only one that is open every day and provides a free full day's programme. Mental health support is provided for those with both physical and mental illnesses. Currently, there are patients with 19 different types of cancers in the programme, the most common being breast, lung, colon, liver and stomach cancer.

The New Life Centre staff are volunteers, and patients may be trained as volunteers if they wish. These volunteers design and implement the activities of the programme. The programme is continuous and a patient may join at any time. All of the current teachers have been patients themselves in the past. As the New Life Centre is a self-help group, the ratio of workers to patients is approximately 1:4. With this small group size staff are able to give very dedicated love and devotion to the patients.

When a new patient visits the Centre, they first complete a simple questionnaire, after which they are given a complete introduction to the Centre and a one to one talk with a current patient who explains how the Centre has helped them overcome their difficulties. If the new patient decides to join the Centre they will give a complete medical history and information on what they are expecting to achieve from the programme. Patients are asked to keep a daily diary as they progress through the programme. By providing this introduction, the Centre

[1] Taiwan Cancer Friends New Life Association, 2F #163 Kang-ning Street, Hsi-Zu City, Taipei County, Taiwan, China. Web site: http://www.love-newlife.org.tw/
[2] Correspondence address: Lin Ming-fa (Chris), 2F #163 Kang-ning Street, Hsi-Zu City, Taipei County, Taiwan, China. E-mail address: love.newlife@msa.hinet.net

has been able to help new patients adapt and to answer any questions about this troubled time in their lives. We openly welcome all to join in our activities and programme.

The main activities of the programme are as follows.

- *Group and individual counselling:* This is the fundamental activity from which patients experience the love and compassion of the volunteers and can share their general or intimate concerns with each other. Teachers are ready to help patients with any aspect of concern during the healing process.
- *Spinning meditation:* Spinning meditation is a technique to relax the body and mind. It can completely ease the mind by excluding negative thoughts and connecting one's soul to the cosmos. Spinning the body naturally has both physical and mental benefits.
- *Spinal curling exercise:* Based on the Chinese theory of meridians and acupuncture, spinal curling is a technique of re-aligning the human body and spirit. It is a slow, forward-leaning 'bow', the purpose of which is to adjust each vertebra, and draw life and energy into the body. When used in conjunction with proper breathing and relaxing, the body will naturally flex.
- *Universal Love Hand:* Also based on Chinese concepts, this is a technique for transmitting love to another person through the power of touch. A typical patient has lots of internal stress from work, personal relationships and illness. The Universal Love Hand requires participants to recognize the love of the person next to them. This gentle, intuitive approach releases tension and moves both giver and receiver into a healthier state of mind and body.

There is a full, daily programme of activities at the Centre from Monday to Friday, and evening classes three times a week, including a delicious and nutritious lunch or supper. On alternating weekends, there is training for volunteers and classes for newcomers. In addition to the four main components described above, there are additional activities intended to bring out the creative abilities of patients, such as singing, dancing, flower arrangement and calligraphy. Hiking in the nearby mountains, and in particular the challenge of climbing Mount Jade, the tallest mountain in South East Asia, has motivated many patients and given them a sense of achievement. Physical exercise is an important element of the programme. Doctors and speakers are invited to give lectures on how patients may lead a healthier lifestyle, and thus promote the body's self-healing ability.

## RESULTS

All information received from and about the patients is analysed; this includes input from the focus groups, disease history analysis, and medical archive analysis. The analysis is then presented in chart form to allow a clearer view of what may need to be changed and how well the programme is working. The Centre has supported more than 6200 'family' members in total, and is very confident in its love approach to healing. There are more than 2000 people currently active in the 'family'. In the past four years, the Centre has successfully helped both those with physical illnesses and those with mental health problems. Patients receiving chemotherapy or radiation treatments have shown improvement in the quality of their lives by participating at the Centre.

Below are a few examples of patients involved in our programme and their individual progress on the road to better physical and mental health.

- Female, 49; lung cancer diagnosed October 2002, treated with chemotherapy.
  Post-treatment symptoms: chest pain, depression, exhaustion, bitterness.
  Began the Love–NewLife Self Healing programme November 2002, for 3–5 days a week, 6.5 hours each day.
  Present condition: May 2003, a small tumour disappeared, December 2003, a large tumour disappeared and no water in the lung.
  Mental achievements: learned prayer and appreciation.
- Female, 39; lung cancer diagnosed February 2003, treated with chemotherapy.
  Post-treatment symptoms: depression, insomnia.
  Began the Love–NewLife Self Healing programme March 2003, for 4–5 days a week, 7 hours each day.
  Present condition: May 2003, 3.7 cm tumour reduced to 3.5 cm, June 2003, 3.5 cm tumour reduced to 2.3 cm.
  Mental achievements: grateful for a new life.
- Female, 52; breast cancer diagnosed January 2001, treated with surgery, chemotherapy and radiation.
  Post-treatment symptoms: fear, exhaustion, painful and stiff bones.
  Began the Love–NewLife Self Healing programme June 2003, for 3–5 days a week, 6.5 hours each day.
  Present condition: July 2003, tumour index dropped, better physically.
  Mental achievements: pressure reduced, changed lifestyle, can help others, became more positive.

In a sample study of 520 patients at the Centre, the three major improvements in the quality of life were found to be as follows.

- Physical changes: improved immune system and metabolism, reduction in the side effects of chemotherapy.
- Mental improvement: increase in positive thinking, greater happiness, lower stress, reduced level of fear, emotional improvements.
- Social well being: more positive social relationships, reduction of additional cost and medical services, patients once again an asset to the community.

## DISCUSSION

The Love–NewLife Self Healing programme has shown remarkable efficacy in changing patient's thoughts. When thoughts change to become more loving and joyful, there is a corresponding heightened immune system response. The majority of participants benefit from the programme, particularly if they are willing to practice the learned techniques diligently. Mutual social support enhances recovery and increases resilience to their problems. The most successful participants are those who practice daily at home as well as at the Centre. Many participants have experienced a total remission of cancer. The current status of patients at the Centre is:

- 54% improving
- 40% recovered
- 6 % no change.

At the present time data is still being gathered for an accurate evaluation of the programme. Preliminary reports show that two possible reasons a patient's status shows no change are lack of physical exercise and lack of motivation to participate. However, input from the focus groups, disease history analysis, and medical archival analysis have helped to focus the programme more efficiently.

With its great efforts and achievements, the New Life Association has become well known in the Taipei area. It has established branches in three other cities. This achievement would not have been possible without the support of philanthropic organizations, local businesses, private contributors and local media, including newspapers, magazines, television stations and radio stations. In the past four years, numerous academic researchers have investigated the Centre's results. This research has meant the New Life Association has been invited to address the Mental Health Association and the Taipei Mental Illness and Family Alliance. This has in turn created more interest and so more patients have joined the programme.

## FUTURE PLANS

The New Life Association aspires to send out its love by establishing new branches in other countries. The Association believes that expressing love and compassion and thinking positively will improve mental and physical wellness greatly. Currently 100 people have completed the two-year training course and are ready to take responsibility for managing centres and possibly abroad in the future. The New Life Association has already introduced itself in various countries, and plans to do more in both developed and developing nations.

In today's society there cannot be enough help for people experiencing mental and physical illness. Everyone must do their share to support, fund, or volunteer at one of the many support centres throughout the world. We must care for these people as if we were caring for ourselves.

## ACKNOWLEDGEMENTS

We would like to express our gratitude for financial support for all of our work which is provided by local and international organizations, local businesses, and private contributors.

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# Mental Health and Work

## Mental health in the workplace in Hong Kong SAR[1]

Deborah Wan[2]

## INTRODUCTION

Mental Health and Work is a new topic of mental health promotion in China, Hong Kong Special Administrative Region. In recent years there have been rapid socioeconomic and political changes in the area. This has resulted in unemployment and salary cuts, compounded by unfavourable coping strategies adopted by companies such as long working hours, overloading employees with work and downsizing. Some employees were unprepared to face redundancy, work stress and a decrease in living standard, not to mention quality of life. Their mental health condition was alarming. Many became pessimistic, depressed and anxious when facing all these uncertainties. The lack of knowledge on coping strategies added further vulnerabilities. It is only recently that people in Hong Kong SAR have realized the important relationship between mental health, productivity and company profitability.

Though there is little statistical data on financial loss due to mental health problems in Hong Kong SAR, the Hospital Authority has calculated that in 2000 the loss of workdays per month due to sick leave amounted to 805 530 days, from a total working population of 3.5 million (Chung, 2000). The influence of work stress on this figure can not be overlooked. Clearly both employees and employers have to share the burden induced by rising mental health problems.

## AIM OF THE PROGRAMME

The overall goal of the programme is to advocate and promote public awareness of mental health in the workplace, targeting employers and employees in particular.

Aims of the programme:

- to advocate to companies and other employees on their role and obligation in promoting and maintaining the well-being and mental health of their employees;
- to arouse public awareness of the relationship between job stress and productivity;
- to encourage and support corporations in looking for solutions to job stress through sharing the results of the Association's effort.

## METHOD AND DESIGN

### THE SEMINAR

The New Life Psychiatric Rehabilitation Association (NLPRA), International Labor Organization (ILO) & World Federation for Mental Health (WFMH) organized a seminar titled Overcoming the challenges of job stress and its impact in the workplace in 2002. This seminar was the first time that two international bodies co-organized a regional meeting with a local nongovernmental organization in Hong Kong SAR.

The two day seminar was tailored for two different audiences from government and nongovernmental organizations in both the commercial and public sectors. The first day's programme targeted decision-makers such

[1] New Life Psychiatric Rehabilitation Association, 332 Nam Cheong Street, Kowloon, Hong Kong SAR. Web site: http://www.nlpra.org.hk
[2] Correspondence address: Chief Executive Officer, New Life Psychiatric Rehabilitation Association, 332 Nam Cheong Street, Kowloon, Hong Kong SAR. E-mail address: ho@nlpra.org.hk

as chief executives, directors and senior managers, while the second day was attended by human resources and management personnel. Papers given included:

- Impact of Job Stress – International Labor Organization;
- Stigma & Myths Associated With Mental Health Issues – World Federation for Mental Health;
- The Impact of Job Stress on Productivity and Strategies and Solutions for Improving Wellbeing at Work – Experts from Japan, the Kingdom of Thailand and England;
- good practice models for employees' mental health – Nokia (HK) Limited and the Hong Kong Police Force;
- Mental Health in the Workplace: Situation Analysis Hong Kong – Deborah Wan, CEO of New Life Psychiatric Rehabilitation Association.

In addition, conference proceedings were produced in paper and video compact disk format for distribution after the event.

## PUBLICATION OF PROMOTIONAL AND EDUCATIONAL TOOLS

In response to increasing demand for specialized information on the area of work and mental health, the NLPRA launched its second phase of mental health promotional activities within the year.

A guidebook, Mental health in the workplace: a practical guide towards wellbeing and productivity, was published in paper and electronic form. It documented the findings of a survey on the sources and impact of work stress on employees' mental health and organizational productivity conducted by 46 companies in Hong Kong SAR, as well as efforts made by these organizations in solving mental health issues. Other topics, including impact and loss arising from employees' mental health problems, samples of mental health policies and the implementation guidelines of different organizations were also covered. The guidebook documented personal stories of mental health consumers aimed at promoting public acceptance and community integration.

An informative and interactive web site on the Mental Health and Work programme was also created. It provides accessible, user friendly and comprehensive information on mental health tips, a quiz on job stress, relaxation exercises, news, games and a discussion forum.

## RESULTS

The seminar was attended by 400 senior executives and management personnel from diverse areas of both business and public sectors. Positive feedback was received from the participants. Over 1 000 copies of the guidebook were published and distributed to human resources and management personnel of different firms and organizations. In addition, promotional material giving details of the web site were sent to 600 private and government organizations. Publicity coverage by the mass media was regarded as comprehensive and effective. Other promotional campaigns through mail, e-mail and posters were also adopted to ensure the spread and depth of publicity.

## DISCUSSION

Overall, the Work and Mental Health promotional programme was highly successful and well received in the community, particularly among the selected targets. Evaluation, attainment of goals and aims, reasons for success and areas for improvement are discussed below.

A feedback questionnaire was delivered to participants after the seminar. Of the 86 questionnaires returned, 83% of participants were "satisfied" and "very satisfied" with content, format, venue and length of the seminar. They remarked that the seminar was inspiring, practical, informative and valuable. Moreover, the seminar's international perspectives provided good examples for local participants. There was a demand for organizing similar seminars in the future. Readers of the guidebook found it informative and comprehensive, and felt it offered a new perspective to employers on this long-neglected topic. More than 500 people visited the web site within the first two months of the initial launch. Around 50 people used the discussion forum and 200 people tried the job stress quiz. In addition, nearly 20 enquiries were received requesting training, services and other information from NLPRA.

The successful implementation of the programme was made possible through the strategic efforts of NLPRA in winning the support and active participation of international organizations and local government officials, who agreed to help in raising the concern of senior executives on this issue. This paved the way for systemic change in decision-making, resource allocation and prioritizing.

Furthermore, the programme successfully reached both a wide spectrum of audiences from the commercial, public and government sectors, and the specific target audiences, including senior executives, human resources and management personnel. The design of the seminar, especially in the choice of venue, met the expectations and convenience of the participants and ensured a high turnout rate. Coverage of themes was widespread and sufficient, ranging from macro level such as advocacy, mental health policy and implementation strategies to micro topics like the sources of work stress, relaxation and skills training.

Evaluation has further indicated that topics promoting the setting up and implementation of mental health policies were

less popular than those addressing employees' self-care, such as work stress management and relaxation. This might suggest that though the former is a much neglected area that deserves to be a high priority, the social and cultural environment is not yet prepared or ready for it. These findings strongly indicate that further advocacy to decision-makers or management-level employees on this topic is needed.

The choice of media in disseminating the message of the programme was innovative, interactive and user friendly, riding on the edge of technological advancements, such as the use of a web site and production of a video compact disk.

The seminar co-organized by NLPRA, ILO and WFMH was the first attempt to address issued of this kind in Asia. The opening address delivered by the Secretary for Health, Welfare and Food Bureau and the participation of different government departments of Hong Kong SAR demonstrated the government's support for mental health promotion and set priorities for the area of mental health and work. NLPRA took the lead in mental health promotion in this area. It can now be seen that more programmes and activities of a similar nature are being organized in the community. This positive response again highlights the community's need and the fact that people are more aware of the issue of mental health and the workplace.

## FUTURE PLANS

Beginning in mid-2002, in response to growing demand from the business sector, tailored workshops were developed by NLPRA covering areas such as stress management, enhancing wellbeing and productivity. The workshops targeted middle management personnel, who are the "sandwich" group needing better support in this time of rapid change.

NLPRA is committed to mental health promotion in Hong Kong, particularly in the area of mental health and work. The Association will strive for continuous improvement and excellence in its prevention and promotion activities.

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# OmSorg

## Dealing with bereavement in Copenhagen, Denmark[1]

**Per Bøge[2], Jes Dige**

## INTRODUCTION

The OmSorg project was launched in 1995 and is still ongoing. The project began when the Danish Cancer Society realised that there were very few initiatives in Denmark looking at the care of children who had experienced loss of a relative, and that the few existing initiatives were uncoordinated.

Every year at least 4 000 children in Denmark lose their father or mother by death. In total, 4% of Danish children lose a parent during their childhood. In addition, Denmark has one of Europe's highest divorce rates. One in three Danish children experience the break up of their home before the age of 18. Children and adolescents who lose a parent or a close relative need adult help if they are to tackle their grief. All too often, however, they encounter indifference, rejection and confusion rather than support, help and guidance.

The aim of the project is to make adults who are in contact with grieving children recognize their responsibility to take care of them. Children and adolescents who witness fatal illness or the loss of someone close to them very often cannot find the help they need from the adults around them. The period of illness and death is highly distressing for the bereaved adults and very often they are unable to share their grief and despair with the children. As a consequence children are often left to cope on their own. In such cases the children need the companionship of other adults, including those they see at school and at their after-school clubs or youth clubs.

Five days a week Danish children spend most of their daytime hours at school or at various clubs and care centres. This means that teachers and club staff are extremely important figures in a child's life. It also means that in addition to their teaching and nursing duties they have other, more general, obligations towards the child, particularly during periods of bereavement, loss and grief.

Furthermore teachers and club staff are often relatively neutral people in the child's life, and are not burdened by what has happened in the same way as the child's relatives. This means that the child can raise issues at school which are difficult to discuss at home.

## AIM OF THE PROGRAMME

1. **To encourage teachers to be aware of their responsibility towards children in loss and grief situations**
   Teachers and classmates will never be able to talk openly and sincerely with the bereaved child unless the school has already addressed this and similar issues. If staff implement a shared approach and agree that they will act in accordance with this approach, those involved will be more qualified to ensure that the bereaved child does not encounter a wall of silence. Instead the child will be seen, heard and understood at a time when the involvement of staff and schoolmates is vital in order to emerge from the grieving process as an intact human being.
2. **To encourage schools to establish written action plans detailing how to support one another when meeting bereaved children**
   It is wrong to think that children can be protected from the feeling of grief if adults hide their own feelings from them. The only protection children have in such situations is the companionship of their teachers, club staff and schoolmates.

[1] Danish Cancer Society. Web sites: http://www.sundskole.nu and http://www.cancer.dk

[2] Correspondence address: Project manager and educational adviser, Danish Cancer Society, Preventive Care Division, Strandboulevarden 49, 2100 Copenhagen Ø, Denmark. E-mail address: phb@cancer.dk

3. **To inspire key people to establish training groups for bereaved children**
   This is an excellent supplement to the work done at schools and in after-school settings.
4. **Political lobbying**
   Political lobbying helps to implement good practice at relevant governmental and nongovernmental organizations.

## METHOD AND DESIGN

The Danish Cancer Society runs a nationwide subscribing service provided to teachers in which they regularly receive new educational material. Today approximately 75% of all Danish schools subscribe. This provides a unique channel of communication in the school system. The teachers expect new material, they are prepared to pay for it and several evaluations have shown that they use the material.

The Society ensures that the material provided is based on practical realities, appropriate to the context in which staff and pupils meet every day. As a result the central thrust of the project comprises the creation of teaching material suitable for incorporating in the classroom setting, as a resource for staff who want to improve their skills in dealing with bereaved children. The books (permission is given for the teachers to copy them), videos and so on are primarily conceived as broad based teaching resources giving a catalogue of ideas for lessons on children's emotions, losses, grief and approach to death. However, they are of course also suitable for using in specific cases when the teacher encounters a child who is grieving deeply. The material emphasises creative activities, and illustrated stories about other children who have experienced bereavement also play a central role. In school the material is suitable for interdisciplinary approaches combining Danish, religious studies, music, drama or art.

Since the first material was launched in May 1996 we have experienced an increasing need for courses and talks. In particular there is great interest among teachers for inspiring talks on how to implement action plans. Every second year a nationwide programme of courses is provided along with up to 200 talks a year, and the interest is still increasing.

## RESULTS

From the day the first material was released there has been tremendous and constantly increasing interest and need for material, courses, talks and consultations. To date about 20 000 copies of each title have been sold, and they are still in demand. Approximately 50 courses and more than 1 000 talks have been carried out over the last eight years.

Consultation services take up more and more time along with raising public awareness of the programme. Often an entire day each week will be spent by the telephone giving advice and comfort to teachers, children, parents and relatives. The media continues to be a very good ally whenever there is a need for increasing awareness of the project.

There are now around 140 training groups for bereaved children throughout Denmark. This is still far too few to meet children's needs, but it is a useful beginning. It is not possible to change the world overnight, or influence political policy in a hurry. However, after eight intensive years of lobbying, the project is a priority at last. Recently the Danish Parliament proposed to release approximately € 4.3 million to establish training groups for bereaved children, and to support the project in general.

## DISCUSSION

A one-sentence conclusion would be that there is a tremendous amount of goodwill among teachers but also a great deal of distress concerning their role when interacting with bereaved children. It seems that OmSorg has been able to comply with the teachers' needs.

An evaluation of the manual OmSorg –when someone you love dies (Danish Cancer Society, 1996) conducted with 600 subscribers in November 1998 revealed that:

- 72% are familiar with the material;
- 47% have plans to work with the material within the next two years;
- 25% have already worked with the material;
- 41% know colleagues who have already worked with the material.

One of OmSorg's aims is to encourage schools to prepare action plans for dealing with children in loss and grief. A randomized survey among 300 schools shows the development of this issue.

- In November 1997 only 4% had committed themselves to a written bereavement plan.
- By November 1998 the number was 13.5%.
- By August 2000, 32%.
- By November 2001, 56%.
- By February 2003, 73% .
- By February 2004 the number had increased to 86%.

Before a new material is launched it is always piloted among four or five classes in the relevant target group. The results of the pilot are highly analysed in order to ensure that the material is educationally relevant and useful to the target audience.

Many communities are now involved with the project on a regional basis. In many schools the action plans have dramatically changed teachers' attitudes towards bereaved children. The

Danish Cancer Society still receives requests for advice, but the attitude has changed from "do we have to do anything?" to "do you have some good advice for further action?" The action plans have placed children's well-being on the school agenda. Once teachers have agreed on a shared approach towards bereaved children, the open atmosphere leaves space to speak freely about related issues such as sexual abuse, mental illness, suicide or anorexia.

Providing high quality help to bereaved children is now on the political as well as the public agenda.

## FUTURE PLANS

- A project similar to OmSorg is planned for kindergarten.
- The Danish Cancer Society is closely following the positive flow of action plans in order to record best practice, and share ideas and new approaches nationwide.
- Several scientific studies focusing on the needs of bereaved children are planned.
- Five educational television programmes on children, loss and grief have been produced in collaboration with Danish National TV.
- An effort towards implementing the project in gymnasiums with 16- to 19-year-old adolescents is developing in collaboration with the Danish Ministry of Education.
- Effort is being concentrated on establishing training groups for bereaved children: two manuals on establishing and running training groups were launched in 2003 and 2004.
- A manual for schools looking at how to deal with children who have cancer, and one for parents concerning how to help their grieving child, are in preparation.
- Political work continues to be carried out in order to implement good practice in relevant government and nongovernmental organizations.

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# Cornerstones of Mental Health

## Mental health policy issues in Finland[1]

Tarja Heiskanen[2], Merja Lyytikäinen

## INTRODUCTION

Current Finnish Association of Mental Health (FAMH) policies focus on the promotion of mental health and the prevention of mental health problems and disorders. One priority identified in line with this focus is better inclusion of mental health policy issues in municipal planning and decision-making. This formed the basis for the three year Cornerstones of Mental Health project, which began in 2000.

## AIM OF THE PROJECT

The aim of the Cornerstones in Mental Health project was to influence mental health policies in municipal planning and decision-making.

The project's action strategies were mental health policy drafting and a new kind of grass-roots level participation.

## METHOD AND DESIGN

The chosen operational model of the project was the involvement of several actors with the widest possible cross-sector cooperation, and the active participation of citizens to ensure the broadest coverage and effect.

The project had two major long-term objectives:

- to ensure the inclusion of mental health issues in political decision-making and in public debate, and to influence the concepts and attitudes related to mental health through publicity.
- to strengthen and support the mental health and well-being of citizens and communities, and find practical ways of supporting mental health and preventing disorders.

The project was divided into seven sections, each with its own specific short-term objective (see Table 1). The following policy instruments were used to work towards long- and short-term objectives.

### MUNICIPALITIES:

- task forces
- municipal workshops
- morning coffee breaks of administrative bodies
- municipal consultations
- citizen forums
- council information sessions
- press conferences
- column series in local newspapers
- events for the public
- network meetings
- gaining commitment of municipal management and public officials
- informing municipal workers.

[1] The Finnish Association for Mental Health, Maistraatinportti 4 A, FIN-00240 Helsinki, Finland. Web site: http://www.mielenterveysseura.fi
[2] Correspondence address: The Finnish Association for Mental Health, Maistraatinportti 4 A, FIN-00240 Helsinki, Finland. E-mail address: tarja.heiskanen@mielenterveysseura.fi

LOCAL MENTAL HEALTH ASSOCIATIONS:
- events for the public
- networking
- cooperation
- MP networking
- local media
- lectures.

CONSENSUS MEETING ON MENTAL HEALTH:
- expert groups
- expert lectures
- Consensus Panel.

PUBLIC JOURNALISM:
- gaining commitment of newspapers
- establishment of goal-led discussion groups
- press cooperation
- series of articles
- events for the public
- feedback evaluation.

The project employed of three full-time members of staff. Participants in the project were the City of Hämeenlinna and municipalities of Inari and Ylistaro (City of Salo until 20 May 2002). Seven local associations for mental health were involved: Oulu; Kangasniemi; Jyväskylä; Pyhäselkä; Mikkeli/Ristiina; Lohja; and Vakka-Suomi. Other participants involved included: the Association of Finnish Local and Regional Authorities; the government ministries of Social Affairs and Health, Education, Justice, Labour, the Interior and the Environment; Quality Recommendations of Mental Health, a project at Häme Polytechnic; the Finnish Centre for Health Promotion; local parishes, families and patients; 100 experts; the media; educational establishments; and a network of MPs. Cooperation with all these participants was fluent and FAMH was able to spread its values very widely.

## RESULTS

### SHORT-TERM OBJECTIVES

Short-term objectives of the project were achieved. The three municipalities drew up broad mental health programmes with the help and supervision of project staff. Cross-sector cooperation was encouraged in the municipalities. The public were involved in the preparation work for these programmes and were able to influence the planning in open forums.

The seven mental health associations involved in the project were engaged in mental health work at grass roots level. The public journalism experiment succeeded in making citizens' voices more articulate and influential through the media. The mental health knowledge of the public was improved by the establishment of a web service (online expertise centre).

### LONG-TERM OBJECTIVES

The Cornerstones of Mental Health project succeeded in achieving objectives for its early stages either partly or fully. It is, however, too early to evaluate the long-term objectives.

**TABLE 1. SHORT-TERM OBJECTIVES OF THE SECTIONS OF CORNERSTONES OF MENTAL HEALTH**

| SECTION | OBJECTIVE |
|---|---|
| Municipalities | Create mental health programmes |
| Expert groups | Prepare background information and recommendations for Cornerstones of Mental Health |
| Consensus meeting 2002 | Give guidelines for municipal Cornerstones, and give Consensus Panel recommendations |
| Online Expertise Centre | Provide knowledge and skills for everyday users and professionals |
| Public journalism experiment | Give voice to local residents and issues (one locality, one newspaper) |
| Seven pilot associations (local mental health associations) | Enhance citizens' participation through experiments, development and cooperation |
| Evaluation | Carry out internal and external evaluation |

Nevertheless, there is no doubt that wheels were set in motion, new paths created and models constructed.

The first long-term objective, of ensuring the inclusion of mental health issues in public policy, was most extensively implemented by the Consensus Meeting on Mental Health held in 2002. National recommendations were issued based on expert group discussions and papers given at the Consensus Meeting. The five main recommendations, or Cornerstones, and their strategies for achievement, are listed below.

### CORNERSTONE 1. SECURING THE SAFE GROWTH AND DEVELOPMENT OF CHILDREN AND YOUNG PEOPLE

1. A sufficient standard of living for families with children should be secured.
2. The skills and resources of parenting should be supported.
3. Family life and the demands of the work place should be harmonized in a manner supporting the family.

### CORNERSTONE 2. STRENGTHENING OF COMMUNITY SPIRIT AND INVOLVEMENT

1. New opportunities for participation should be guaranteed and, if necessary, created, and the know-how required for participation should also be ensured.
2. Citizens' opportunities to be heard and to influence common issues should be improved.
3. People's mutual support and feeling of togetherness should be enhanced.

### CORNERSTONE 3. A GOOD PHYSICAL, MENTAL AND SOCIAL ENVIRONMENT

1. People should be given the practical means to influence the planning of their environment and the decision-making regarding it.
2. People's environments should be built with care and maintained properly. Social inequality should be fought against.
3. Information about living conditions and environments should be collected systematically to facilitate municipal decision-making.

### CORNERSTONE 4. SUFFICIENT BASIC SECURITY

1. People should be supported and encouraged to earn their living by their own work.
2. Problems of everyday life should be prevented by supporting people and dealing with their problems at the earliest possible stage.
3. People should be guaranteed housing suitable to their respective life situations.

### CORNERSTONE 5. GOOD MENTAL HEALTH SERVICES

1. Mental health promotion should be everyone's concern and people should define their duties and actions accordingly.
2. Problem situations should be identified early and dealt with actively.
3. Quick help is essential in a crisis situation.
4. The quality of life, standard of care, nursing and rehabilitation of long-term patients should be ensured.

More details of these cornerstones can be found on the Consensus Meeting on Mental Health's web site at **http://www.mielenterveysseura.fi/kulmakivet/konsensus/recommendations.htm**

## DISCUSSION

Internal evaluation of the project was initiated simultaneously with the Cornerstones of Mental Health project itself. Internal evaluation focused on process evaluation and utilized interviews, project calendars, self-appraisal sheets and project journals. External evaluation was carried out by the Finnish Centre for Health Promotion (FCHP).

The project's first long-term objective sought to ensure mental health issues were on the public policy agenda, and raise awareness among the general public. Mental health programmes focusing on the inclusion of mental health aspects and impacts in the decision-making process of administrative bodies and municipalities increased the visibility of mental health issues. According to the FCHP evaluation report this objective was most successfully achieved with the Consensus Meeting for Mental Health and the national recommendations issued by the Consensus Panel.

The second objective, promotion of mental health and prevention of mental health problems and disorders, is a continuous process that must be maintained and strengthened. It could be said the Cornerstones of Mental Health project helped create paths, the maintenance of which will help keep the process going. The FCHP evaluation reported that the completion of novel mental health programmes for municipalities was also a significant achievement. The poorest results were achieved in reaching citizens directly and strengthening their mental health skills.

## CHALLENGES

The first challenge in this project was presented by the concept of mental health. It continues to be perceived from the point of view of illness and altering this perception takes much time and effort.

The second challenge was presented by the focus of the project: promoting mental health and preventing problems and disorders. Partners in the project felt the objectives were quite vague at first, and making them more concrete and providing structure proved quite demanding.

A third challenge – crucial for the successful completion of the project but also a potential pitfall – was the involvement of several different actors. The project comprised separate sections with common goals, and coordinating each section in the three-year time frame needed special attention. As the project had various sections, the number of societal partners was quite remarkable. The project involved hundreds of people and even fluent communication between participants was occasionally difficult.

Looking back, the need for a project involving actors from different spheres to reserve time in initial stages to agree a common framework and language is clear. When a project comprises different sections, it is also essential to reassess the common direction during the process. In the Cornerstones of Mental Health project this was especially important for the local mental health associations, where the duration of activities is shorter and more temporal compared with, for example, municipalities.

In retrospect, building up the web service would have been more appropriate if it had been implemented by the Finnish Association for Mental Health, not by project staff. It was very time consuming and demanded a great deal of effort from the three project staff members. In August 2002, responsibility for the online expertise centre was finally detached from the project and continued as a FAMH activity.

In the light of objectives achieved, the Cornerstones of Mental Health project as a whole can be described as a quite successful project. No project, however, can be entirely successful, or even very successful. Participants encountered problems along the way. Although some of these were solved, some remained unsolved.

## FUTURE PLANS

FAMH's aim is now to further the recommendations of the Consensus Meeting on Mental Health, make them concrete and apply them in practice to various environments in cooperation with citizens. The opportunity for this work is provided by the Together for Better Mental Health (2003–2005) project, initiated by funding from the Finnish Slot Machine Association (RAY).

This project will work with municipalities to develop follow-up procedures and indicators for mental health programmes. Furthermore, mental health programmes should in the future be drafted to cover subregions, not single municipalities only. (A subregion is an administrative alliance of municipalities jointly producing services for the area. Finland has 77 subregions.) More details of the Together for Better Mental Health project can be found at **http://www.mielenterveysseura.fi/Mielenterveystalkoot/index.asp?id=11**

Initiating a project and carrying it out can be likened to building a house. Thanks to the three year Cornerstones of Mental Health project, the base course is now complete; the foundations for the house are built. Programmes, models, measures and ideas are now available, and it is time to apply them in practice and monitor their impact and realization.

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# German Research Network on Schizophrenia

## Public education programmes in Düsseldorf and Cologne, Germany[1]

Wolfgang Gaebel[2], Joachim Klosterkötter, Adelheid Weßling, Anja Baumann, Daniel Köhn, Harald Zäske

## INTRODUCTION

The German Research Network on Schizophrenia (GRNS) is one of 17 competence networks in medicine founded by the German Ministry of Education and Research in 1999 to bring together the leading research institutions (horizontal network) and qualified routine care facilities (vertical network). Through these links medical research institutions should ultimately contribute to the improvement of patient care involving illnesses characterized by high mortality or morbidity (Wölwer et al, 2003).

The German Research Network on Schizophrenia comprises several multi-centre treatment studies which are divided into four appropriate sub-networks according to the course of illness. The treatment studies are accompanied by biological and genetic research projects and a project on more general topics such as health care economy and training. Public education has also been given a high priority. There is an awareness-raising programme which serves to sensitize primary health care services, social facilities and schools toward psychiatric disorders in adolescence and intends to reduce the delay between the onset of first symptoms and commencement of adequate treatment. As part of the World Psychiatric Association's campaign against the stigmatization of people with schizophrenia, the German anti-stigma programme Open the Doors aims to reduce the social discrimination of people affected by schizophrenia (Gaebel et al, 2003).

## AIM OF THE PROGRAMME

The main aim of the German Research Network on Schizophrenia is to provide scientific evidence and solutions to optimize the prevention, acute and long-term treatment, and rehabilitation of patients with schizophrenia.

## METHOD AND DESIGN

Each of the 30 projects initiated since the German Research Network on Schizophrenia was founded in 1999 has a separate design and was appraised by an international expert committee. In total the network has recruited more than 4 000 people affected by schizophrenia. This accounts for 0.5% of all German people who develop schizophrenia. The two public education programmes – awareness and anti-stigma – are both evaluation studies, which are investigating the effectiveness of various public education campaigns. The most common methods of intervention in public education are general public relation activities such as press reports or radio and television broadcasting, and lectures for the general public as well as seminars for continuous medical education. Moreover both programmes offer various print materials such as brochures, and a room where discussions with patients and relatives can take place.

Several studies of first-episode schizophrenia suggest that a longer duration of untreated psychosis results in poorer clinical outcome. It is therefore important for people at risk of schizophrenia to receive adequate treatment as soon as possible. Consequently, the main target groups of the awareness programme are school-children, students, teachers, workers at educational counselling centres, school psychologists and professionals of the primary medical and psychiatric care system. All people in a prodromal phase are advised to go to a doctor, and preferably to an early recognition and intervention centre.

[1] Head Office, German Research Network on Schizophrenia, Department of Psychiatry of the H-H University Dusseldorf, Rhineland State Clinics Dusseldorf, Bergische Landstr. 2, 40629 Düsseldorf, Germany. E-mail address: info@kompetenznetz-schizophrenie.de

As part of the awareness programme all patients with a diagnosis of first-episode psychosis or who were at a prodomal phase in the Cologne-Bonn area (experimental group) and Duisburg (comparison group) during a six month period in 2001 were used as a baseline measurement. These 152 patients were measured using an early recognition inventory which was developed by the research group of Professor Heinz Häfner (Schizophrenia Research Group of the Central Institute of Mental Health Mannheim, Germany). After a three year public campaign in the Cologne-Bonn area, further measurement will be carried out to evaluate whether the duration of untreated psychosis has significantly decreased in comparison to the control area, and to investigate the means by which this duration can be further shortened.

The anti-stigma programme mainly focuses on the attitudes and behaviour of the general public and selected target groups (journalists, teachers, schoolchildren) towards people with schizophrenia. The programme has, for example, conducted a nationwide telephone survey with more than 7 000 participants to investigate public knowledge of schizophrenia and attitudes towards people with schizophrenia. A follow-up survey in 2004 will serve as a global evaluation measure for both anti-stigma and awareness programmes. Furthermore, several educational anti-stigma events were evaluated with pre–post questionnaires. These included cinema shows, a theatre play, and readings by former psychiatric patients.

## RESULTS

Both public education programmes have been very successful with regard to their public relation activities. Including the general public relation activities of the GRNS's Head Office, about 200 press reports have been released since the Network was set up in 1999, Network members have also been involved in nearly 40 radio transmissions and television broadcasts.

The baseline measurement of awareness programme, which is still ongoing, illustrates the delay in receiving adequate treatment in first-episode psychosis. Within a sub-sample of 82 first-episode patients, the average duration of untreated illness was almost 5.9 years (median, 5.2 years) and the duration of untreated psychosis was 81 weeks (median, 29 weeks) (Köhn et al. 2004). No significant differences between the intervention and control areas were revealed by the baseline measurement. On average, people with first-episode schizophrenia contacted professionals or semi-professionals 3.1 times before a diagnosis of psychosis was made and adequate treatment prescribed. Only 31% of patients sought help in the prodromal phase of the illness.

Two strategies for a public campaign can be derived from these results. Firstly, a public awareness campaign should be implemented to decrease the interval from onset of illness to first help-seeking behaviour, and secondly professionals need to have more knowledge and better awareness of prodromal signs in order for the time between diagnosis and adequate treatment to be reduced.

The telephone survey carried out by the anti-stigma programme indicates that many of the respondents believe stigmatization and discrimination of people affected with mental illness by the general public is high (Gaebel et al, 2002). More than 80% of respondents believe that something should be done to improve the acceptance of the people with mental illness.

Pre–post evaluations of several anti-stigma events have shown mixed results. Throughout, the general feedback and self-rated effects of the participants are positive. However, changes in attitude towards people with schizophrenia did not occur in the desired way following all evaluated events. For example, after the film The White Noise, screened with a subsequent panel discussion, social distance towards people with schizophrenia actually increased. On the other hand, after a second anti-stigma event, a theatre play, social distance did not change and stereotypes of people with schizophrenia had decreased.

## DISCUSSION

The GRNS aims to improve the treatment of schizophrenia patients. The merit of the network is that leading research institutions and qualified routine care facilities have been brought together. Altogether 21 research institutes, 14 inpatient care facilities, and 5 networks of private practices participate in the network. Most of them are part of the large multi-centre studies which aim to improve treatment conditions before and after manifestation of the first schizophrenia episode. Moreover the GRNS has established contacts with medical associations, health insurance companies, non-profit-making organizations, industry and funding agencies.

In particular, both public education projects involve a large number of collaborative partners and show a high degree of multidisciplinarity. The importance of these programmes is not only in informing the public as a means of cultural enlightenment, but also in benefiting people with schizophrenia by improving social living conditions.

The stigma of mental illness, and in particular of schizophrenia, is an additional burden for people affected by schizophrenia, their families and caregivers. Psychosocial consequences include reduced self-esteem and reduced quality of life. In

addition, stigma also affects the mental health care system: there is a high threshold of help-seeking behaviour when mental health problems occur, and distrust of psychiatric treatment methods.

In the GRNS anti-stigma programme, evaluations of anti-stigma educational events have shown that changes in attitudes or knowledge depend on various factors such as the target group, content of the message, or the media utilized. Content and message of a film or another media as well as the type of presentation should therefore be scrutinized before being applied in large-scale educational activities. Pilot evaluation studies prior to the launch of an anti-stigma campaign are therefore highly recommended.

The awareness programme focuses on sensitization towards psychiatric illness and the decrease of the duration of untreated illness, and this is particularly relevant for early recognition and intervention in prodromal stages. The establishment of local networks in two intervention areas allows for an early recognition inventory to be implemented in order to identify people at high risk of developing schizophrenia. With respect to the results of the awareness programme there are suggestions that the long duration of untreated illness seems typical of the German mental health system, although on the other hand the long duration could also be caused by the methods of measurement. The final pre–post evaluation will be carried out in 2004.

## FUTURE PLANS

At present, the Network is applying for a third funding period. While the first two funding periods have been focused on the realization of scientific research projects, the main objective of the third funding period is to promote the transfer of research findings into routine care facilities. The Network will offer print materials such as flyers and brochures, electronic information on cd ROM and the Internet, and counselling services. Medical education programmes will be combined into the following transfer modules:

- Early recognition and early intervention
- Acute and long-term treatment in first episode schizophrenia
- Quality management in routine care facilities
- Destigmatization

The promotion of public education is an ongoing challenge of the Network. The awareness programme continues to establish local early recognition and early intervention networks, and the anti-stigma programme intends to generate a nationwide network of partners and activities to reduce prejudice and discrimination against schizophrenia. As part of the global World Psychiatric Association programme against stigma, it is hoped the anti-stigma network will expand worldwide. Beside these programmes the Head Office offers events such as the Information Fair, which addresses patients and their relatives as well as professionals, particularly those of the complementary medical care system. The Network is supported by the friendly registered association PsychoseNetz (psychosis network).

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# Athens Mental Health Promotion Programme

## Raising the awareness of health professionals and the public in Greece[1]

Maria S Vassiliadou[2]

## INTRODUCTION

One of the most important recommendations of the World Health Organization's World Health Report (2001) is education of the public on mental health issues. This is important for public health but also for the needs of each individual. It is also important when developing alliances between mental health professionals and the public, a sine qua non condition for the implementation of public health policy in the mental health sector.

Additionally, education on mental health issues can help the public realize the prevalence of mental disorders and draw attention to the need for their early recognition and treatment. Fortunately, in many parts of the world mental health professionals are realizing that without alliances, issues such as de-stigmatization, early diagnosis, management and rehabilitation are not likely to progress. However, practical ways to empower these alliances are scarce. Education of the public is one such way. Mental health professionals therefore have an obligation not only to educate other health professionals but also to create community leaders who can convey appropriate messages and contribute to the promotion of mental health in the community.

Helping health professionals as well as lay and multidisciplinary groups (journalists, judges, solicitors, police and military officers, teachers or the clergy) to recognize early signs of mental health problems and minimize risk factors, is considered essential in the promotion of positive aspects of mental health (Mezzich and Schmolke, 1999). It has also been stressed that health professionals must acquire specific mental health strategies to help them manage conditions such as depressive disorders, anxiety, panic and sleep disorders that may disturb the therapeutic approach and its effectiveness (Goldberg and Vassiliadou, 2003).

The World Psychiatric Association's Consensus Statement on Psychiatric Prevention (2003), produced by the Section on Preventive Psychiatry, advocates giving "special attention to dissemination of information on prevention to the individuals, families and population at large, through special programmes and with the assistance of the mass media". The Statement also underlines the importance of health promotion and the need for education of medical staff and non-professional caregivers concerning life stresses and their management. It emphasizes the importance of providing help in recognizing mental disorders to primary care physicians, staff of medical and other services, individuals with mental health problems, their families and the community at large.

In view of the above and in keeping with the recommendations of World Health Organization (WHO) and the World Psychiatric Association (WPA), an educational programme for mental health promotion was implemented in Athens. The programme was based on educational material from Athens University Department of Psychiatry, and on educational material for training health professionals in mental health skills provided by Professor Sir David Goldberg. A multidisciplinary three-semester course plan for professionals with university degrees, from a variety of professional groups, was designed (Vassiliadou et al, 2004).

After completing the course, these professionals are expected to disseminate the knowledge, skills and attitudes that they have acquired to other members of their professional group.

[1] Athens University Psychiatric Department, Mental Health Promotion Service, Eginition Hospital, 74 Vas. Sophias Avenue, Athens 115 28, Greece.
[2] Correspondence address: Athens University Psychiatric Department, Mental Health Promotion Service, Eginition Hospital, 74 Vas. Sophias Avenue, Athens 115 28, Greece. E-mail address: mbasiliadou@med.uoa.gr or msvassiliadou@hotmail.com

## AIM OF THE PROGRAMME

The Athens Mental Health Promotion Programme's overall goals are:

- the training of primary care physicians, mental health professionals and societal agents on issues of mental health, in order to help them advance their knowledge, dexterities and attitudes;
- the preparation of leaders and creation of new educational nuclei in each participant's professional setting that could contribute to the advancement of mental health awareness in the population as a whole.

More specifically the programme has two main aims. Firstly, training of non-psychiatric physicians and other health professionals in mental health promotion and prevention, in keeping with the recommendations of the WHO Collaborative Centre for Research and Training for Mental Health (2000). These recommendations suggest that training should be addressed not only to psychiatrists but also to other physicians who deal with psychiatric patients, as well as to community care professionals (nurses, psychologists, social workers).

Secondly, the programme aims to create alliances with key community agents (educators, priests, judges, army and police officers, journalists). These community agents should become aware of the need for biological, psychological, social and ethical management of the patient as a person and not merely as a "recipient" of the mental illness.

## METHOD AND DESIGN

In essence, the goal of the programme was to train trainers in basic issues of psychiatric prevention and mental health promotion with particular emphasis on positive mental health. Additionally, it aimed to encourage participants to be involved in research, and sensitize themselves to crucial issues of mental health related to their professional field. Interaction between various professional groups was also encouraged as their collaboration was perceived as an asset of the programme.

The teaching material used on the programme consisted of the textbooks Psychiatry (Christodoulou et al, 2000) and Preventive Psychiatry (Christodoulou, Kontaxakis and Economou, 2000) from Athens University, and the basic WPA training recommendations (Goldberg and Gater 1996 and Goldberg, Gask and Sartorius 2001). A committee composed of the Associate Professors V Alevisos, V Kontaxakis, I Papakostas, and the Assistant Professor D Anagnostopoulos, all of them members of the academic department of Psychiatry of Athens University, interviewed potential participants two weeks before the programme began.

Participants were from the following professional groups:

- physicians (GPs, specialists in internal medicine, hospital doctors)
- nurses
- psychologists
- social workers
- educators
- diplomats
- priests
- army officers
- police officers
- jurists (judges, public prosecutors)
- journalists and other mass media professionals

The joint training of representatives from various professions was considered beneficial to establish dialogue and the adoption of a common language.

The demanding programme design required meticulous preparation. The organizers contacted the Church authorities, Administration of the Armed Forces, Police Directorate, High Court, Diplomatic Service, Association of General Practitioners, Union of Journalists and other top professional bodies, and asked each of them to nominate five representatives to take part in the programme. A university degree was necessary for admission to the programme.

The programme comprised both theoretical and practical elements. The theoretical element consisted of two taught courses; Part I (one semester) and Part II (two semesters). The practical element involved small multiprofessional groups to discuss mental health issues related to each professional group.

Teaching staff were Professor G Christodoulou, Professor A Rambavilas, Professor K Soldatos, Professor E Lykouras, the members of the committee mentioned above, and other eminent members of the academic department of Psychiatry of Athens University Professor Sir David Goldberg, Professor A Tylee and Professor G Thornicroft of the Institute of Psychiatry, King's College Hospital London, and Professor V Mavreas of the University of Ioannina and other distinguished members of the Hellenic Psychiatric Association and the Society of Preventive Psychiatry also taught on the programme.

The Programme was carried out originally by the Mental Health Promotion Service, Psychiatric Clinic, Athens University, in collaboration with the Hellenic Psychiatric Association, the Institute of Psychiatry, King's College Hospital, Section of Primary Care Mental Health, and the Society of Preventive Psychiatry and later on with the World Psychiatric Association, Section of Preventive Psychiatry and the British organization

E.T.H.I.C.S (Educational Trust for Health Improvement through Cognitive Strategies).

## RESULTS

Measurement of the outcomes of the Athens Mental Health Promotion Programme is undertaken through questionnaires evaluating the attitudes about mental health. The Dysfunctional Preconceptions Questionnaire (Vassiliadou et al 2004), and a questionnaire written specifically to evaluate this particular programme were also administered.

Part I of the programme ended in June 2003 and Part II ended in June 2004. The analysis of the evaluation's results is currently in progress.

## DISCUSSION

Attendance on the programme so far has been excellent, and participants have given extensive feedback. A rewarding aspect of the programme is that it provided the opportunity for interaction between different professional groups. There was also productive interaction between the teaching staff and participants as participants' high calibre and credentials allowed them to offer fresh ideas concerning improvement to the programme.

With the exception of invited speakers from outside the Hellenic Republic, all teaching staff volunteered to participate. All parties concerned – organizers, teachers and participants – were very enthusiastic about the programme and they have retained their enthusiasm.

## FUTURE PLANS

The following steps for the expansion of the Athens Mental Health Promotion Programme are planned.

- In each professional group, professionals who have completed the course will organize their own courses and discussion groups on mental health issues.
- These activities will be carried out under the supervision of the organizers and the teaching staff of the programme
- A further follow-up course (including exchange of post-programme experiences) will be organized one year after completion of the initial programme.
- Evaluation of the effectiveness of educational activities organized by participants in each professional group will be carried out, and the differences between the various professional groups will be recorded.

In conclusion, the educational programme presented here, and its implementation, is a paradigm of educational outreach that the organizers believe has benefited all parties concerned – teachers, participants and the community.

## ACKNOWLEDGEMENTS

This programme was carried out under the supervision of Professor George Christodoulou, President of the Hellenic Psychiatric Association and former Chair of Athens University Department of Psychiatry, to whom we are grateful for leadership and advice.

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# Geðrækt

## A horizontal approach to mental health promotion in Iceland[1]

Héðinn Unnsteinsson[2]

## INTRODUCTION

Until 2000, the concept of mental health promotion was unknown in Iceland, except to mental health professionals. The word simply did not exist in Icelandic. On 10 October 2000 Geðrækt (a new word meaning 'mental health promotion') was launched. Geðrækt was a three year independent cooperative project run by The Directorate of Health, The Icelandic Mental Health Alliance (NGO), The University Hospital and The Health Care Service. This collaboration meant the project was a horizontal hybrid of organizations with top down and bottom up approaches. The cost of funding the project for three years was estimated to be around US$ 375 000. Around 75% of this funding came from private companies, and the remaining 25% from government ministries.

What made this national project unique was the fact that the initiative and its customized approach to Iceland's unique circumstances came from grass roots, namely from a former user of the mental health service. The four main aims of the project were ambitious, and were based on and justified by research demonstrating the high social and economic cost of mental ill health (Lahtinen et al., 1999). The fact that one quarter of all people with a disability in Iceland are affected by mental disorders (Icelandic Ministry of Health and Social Security, 1999 and Helgason et al., 1999) demonstrated the urgent need for better mental health promotion.

## AIM OF THE PROJECT

Geðrækt's main aim was to promote mental health and prevent mental ill health through education and awareness. The objectives associated with this aim were:

1. To increase the nation's subjective well-being.
2. To undertake mental health promotion in order to –
   - reduce stigma against mental health patients;
   - enhance knowledge and understanding about mental ill health within community health care;
   - promote knowledge of mental ill health among the population;
   - contribute to evidence based effectiveness studies on mental health.
3. To strengthen the nation's mental health awareness in the following ways –
   - deepen both the individual's and society's understanding of mental health;
   - minimise the negative impact that mental ill health can have on individuals, their families and the community as a whole;
   - improve public understanding of mental ill health and its consequences for society;
   - create awareness that mental health should be as sought after as physical health.
4. To reduce the socioeconomical burden of mental ill health in the following ways –
   - reduce the prevalence of mental disorders;
   - reduce the numbers of work absences due to mental ill health;
   - reduce levels of admittance to mental health wards;
   - promote reasonable usage of psychiatric drugs;
   - minimise indirect cost related to mental disorders;
   - reduce suicide rates.

1 The Icelandic Mental Health Promotion Project, Austurströnd 5, 170 Seltjarnarnes, Iceland.
Web site: http://www.ged.is
2 Correspondence address: 9 Rosenborggade, 1130 Copenhagen, Denmark.

All four objectives were rooted within the priority area of mental health as highlighted in the Icelandic Ministry of Health and Social Security's nine year policy plan (2001).

## METHOD AND DESIGN

The Geðrækt project's method and implementation were based on a combination of research, experience gained from successful projects in other countries and Icelandic ideology. The government and nongovernmental bodies collaborating on the project all had different approaches to mental health, according to their role and status in society.

The aims of Geðrækt were mostly based on government health strategy (Icelandic Ministry of Health and Social Security, 2001), but the driving force and means to reach them lay within civil society. The project's position within civil society allowed it to integrate its activities into the community more easily. The project had a dynamic manager, stable governing executive board and a policy advisory group made up of people from different areas of society, which made its outreach even easier. Touching society on an egalitarian basis became easy with the vast social capital and goodwill available.

## RESULTS

Examples of some programmes and activities taking place between 2000 and 2002 are detailed below.

### MENTAL ART

An exhibition of the work of three young people affected by schizophrenia, depression and epilepsy respectively. The exhibition was well received and raised issues concerning the mental health problems of young people in society.

### MENTAL DAYS AT THE UNIVERSITY OF ICELAND

A four day conference at the University of Iceland (held in Reykjavik). The themes were mental ill health, stigma, mental health and its promotion. Professionals, individuals affected by mental disorders, celebrities and students gave talks on these topics.

### EDUCATIONAL MATERIAL FOR KINDERGARTENS AND ELEMENTARY SCHOOLS

Material from the British Health Education Authority was edited, translated and published. The material was intended for teachers and dealt with emotions and self-esteem. It was distributed to all kindergartens and elementary schools in Iceland.

### MENTAL HEALTH STAND UPS

Numerous stands ups were held for companies, colleges, towns, municipalities, NGO, civil clubs and universities. Close to 30 000 people attended these stand ups which focused on experience of mental illness and mental health promotion. The stand ups were also held in the Faro Islands, the Kingdom of Norway and the United Kingdom of Great Britain and Northern Ireland.

### MENTAL HEALTH THEATRE

Icelandic Takeaway Theatre, in cooperation with Geðrækt, produced the play Háaloft. The piece was a tragicomedy about a person with a manic-depressive disorder. The play was also performed in the Republic of Hungary, the Republic of Turkey and the Republic of Finland.

### POSITIVE AIMS

A fold-out credit card-sized brochure, whose contents focused on issues like trust, friendship, laughter, moderation, respect and sharing. A print run of 50 000 copies was made and distributed throughout Iceland. The first 'credit cards' were issued for members of parliament as a public relations event.

### THE 10 MENTAL COMMANDMENTS

A series of postcards featuring 10 characteristics of people that enjoy success in both their career and personal life. The postcards were based on an American study. Over 70 000 postcards were printed and distributed widely. The 10 Mental Commandments campaign reached a very wide audience through other organizations within Iceland who used the commandments in their publications, on t-shirts, and in newspapers and magazines.

### REGULAR RADIO BROADCASTS ON MENTAL HEALTH

Geðrækt discussed mental health issues in a 10 minute slot on national radio once a week for 10 weeks.

### THE MENTAL AID BOX

A box aimed at promoting mental health. Each box was personalised and was intended for personal items which are cherished and lift the spirits. This might include a favourite poem, old letters, favourite music, pictures of people and places close to the heart, a favourite fragrance, relaxing music and other personal items which are related to good or positive feelings and sensations.

### THE NATIONAL ANTI-STIGMA CAMPAIGN

A two month campaign to raise awareness of stigma connected with mental illness. This was a collaborative project headed by Geðrækt. Among those who participated were the Intercultural Centre; the Red Cross; a Youth Forum; the Senior Citizens Society; university students; Social Services; gay and lesbian associations; the Lutheran Church; schools and the Organization of Disabled. The aim of the campaign was to bring together as many representatives of stigmatized minority groups within society to

work together against stigma. The nationwide action involved two musical concerts (one of which was televised), publishing and distributing materials, and over 50 positive pieces in the media.

### WORLD HEALTH DAY AWARENESS CAMPAIGN

Geðrækt launched a week-long campaign focused around the theme of World Health Day (7 April 2001). A two minute long film was shown for a week in all cinemas, and on all television channels in the evening of World Health Day. Posters displaying the World Health Day message and the 10 Mental Health Commandments were distributed to all health centres and sport centres, and to other public places.

### MENTAL HEALTH EDUCATION FOR ADOLESCENTS

The project held seminars to educate and enlighten 900 young people (between 14 and 15 years old) on the issue of mental health. The seminars were part of Reykjavik's sport and recreational centre youth summer working programme. Geðrækt held around thirty seminars in total. Some of the young people who attended the seminars also participated in a pre- and post-evaluation study on their effect (Guðmundsdóttir, 2002).

## DISCUSSION

The anticipated outcomes of the project were clearly defined by its aim and objectives, and its highly creative methods for achieving them through programmes and activities was successful, but quantitative outcome evaluation was not always carried out. An outcome based survey of people's knowledge of the term geðrækt and the work of the project was conducted by IMG-Gallup after the project had been operating for two years. This research found that almost 50% of the nation had heard of Geðrækt and more than 60% of them knew the meaning of the new term (IMG-Gallup, 2002).

Through Geðrækt, awareness was raised, and knowledge and understanding of mental issues enhanced. A great number of seeds were sown, although the project's qualitative harvest was not measured often enough to demonstrate its level of effectiveness. The project has functioned as a catalyst for many other grass roots, action based initiatives in the area of mental health. The project had a natural power from the grass roots, which rose like a geyser from the ground. Like a column of water from a hot spring it rose up through civil society and the mental health professions to reach state officials. This was its strength but also its weakness when it came to evaluation of the project's effects.

## FUTURE PLANS

The lesson to be drawn from this approach to mental health promotion must be that by combining the knowledge and technique of academics, the policies and structure of government officials, the capital of the market and the experience, driving force and dynamic nature of civil society, mental health can easily be promoted. This type of project can most certainly work within other organizational frameworks in different countries, as long as the element of cooperative, horizontal approach is valued.

The Geðrækt project is still going strong and will hopefully soon be integrated into a new National Public Health Centre. Other activities and campaigns that are on Geðrækt's agenda include:

- Imago, a project aimed at enhancing young people's self-esteem;
- mental health promotion for chronically ill children;
- Mental Health of Senior Citizens, a cooperative project aimed at promoting mental health in older people;
- mental health promotion lectures in the workplace, in collaboration with national Unions;
- research funded by the Icelandic Research Council aimed at translating and standardizing "psychological well-being";
- Mental Music, a concert of music composed by classical musicians affected by mental disorders, performed by the Icelandic Symphonic Orchestra.

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# Mental Health Ireland

## Mental health promotion programmes in schools and with young people[1]

**Jacinta Hastings[2], Michael McGinn, Mary Twomey and Mary Groeger**

## INTRODUCTION

### MENTAL HEALTH IRELAND MISSION STATEMENT

Mental Health Ireland (MHI), a national voluntary organization, aims to promote positive mental health and to actively support people with a mental illness, their families and carers by identifying their needs and advocating their rights (MHI, 2000).

MHI has identified the importance of developing a range of strategies to increase public awareness and change public attitudes towards the understanding of mental illness. MHI also recognizes the importance of promoting positive mental health (MHI, 2000). Positive mental health promotion focuses on different levels of society, at different stages of the life span and in different life settings. Adolescents and young people are a prioritized group and MHI operates a number of mental health programmes with young people, five of which are detailed below.

### PRO-TEEN MATTERS: A WEB BASED MAGAZINE PROMOTING MENTAL HEALTH FOR TEENAGERS

### METHOD AND DESIGN

Pro-Teen Matters is a web magazine for young people, produced every two months, which deals with mental health issues online. This web magazine supports students using the Mental Health Matters resource pack (see below).

A growing number of schools are now using information technology to encourage learning opportunities in an online environment. Pro-Teen Matters is an online magazine for young people on the web. Contents include articles, comic relief, health issues, sport and cookery. The aim of Pro-Teen Matters is to attract students to the site by providing a resource that they can, and will, return to. Relevant, interesting content aimed at the target age group is the key feature of this web magazine. Pro-Teen Matters is an online experience, which is informative and entertaining but not a chat site. While dealing with serious issues, it also features some lighter articles as well as providing valuable information on mental health services and contacts.

The first two editions were professionally scripted. From issue three onwards, the web magazine was written by students for students. The student team holds a focus group prior to each issue out of which will form an editorial team for the current edition of the magazine. Mental health issues are discussed and areas of interest or concern are identified. This form of peer education is very valuable within a school setting.

### DISCUSSION

A standard and comprehensive set of frequently asked questions on mental health issues is available in every edition. This resource helps students to access information from a number of sources.

[1] Mental Health Ireland, Mensana House, 6 Adelaide Street, Dun Laoghaire, Co.Dublin, Ireland. Web site: http://www.mentalhealthireland.ie

[2] Correspondence address: Senior Executive Officer, Mental Health Ireland, Mensana House, 6 Adelaide Street, Dun Laoghaire, Co.Dublin, Ireland. E-mail address: info@mentalhealthireland.ie
Michael McGinn, Co-ordinator, 'Audyssey'; Mary Twomey and Mary Groeger, Co-ordinator, Personal Development Programme.

The response to Pro-Teen Matters as on online facility has been extremely positive with schools volunteering to become involved in the project.

The site is being monitored carefully in relation to style, age appropriateness and usage and will be reviewed at the end of a twelve month period, after six editions.

## MENTAL HEALTH MATTERS A RESOURCE PACK FOR USE WITH 14 TO 18 YEAR OLDS

### METHOD AND DESIGN

Mental Health Matters, written by Tom Jones & Niall McCarthy, (volunteer directors with Cork Mental Health Association) is a mental health resource pack for use with 14 to 18 year olds and can be used within a school or community setting. It aims to:

- present mental health as a distinct concept integral to daily life, the maintenance of which is vital to physical health;
- address the issue of mental health in a realistic and relevant manner appropriate to the age group;
- challenge young people's attitudes and misconceptions regarding mental illness;
- look critically at society's attitude to mental illness and the factors which influence such attitudes;
- make young people aware of the services and facilities available to people with mental illnesses;
- provide resource material informative in both methodology and content for any school or community youth group which intends to introduce a module on mental health.

Mental Health Matters has six units, each of which explores a specific theme through a series of exercises. These exercises are supplemented by teacher information and support materials. A comprehensive teacher training programme is available. The methodology is varied, allowing teachers to adapt the exercises, and includes lesson plans and comprehensive teacher notes; student worksheets with an emphasis on group work; cross curricular activities; visiting speakers to address specific topics; and study visits to local services.

### RESULTS

At the end of the 2002-2003 academic year, over 6,000 students had completed the programme. An evaluative process will shortly be completed to establish its usage patterns, effectiveness and impact on participating students.

## NATIONAL PUBLIC SPEAKING PROJECT METHOD AND DESIGN

The National Public Speaking Project for senior students in post-primary schools and colleges aims to:

- promote an awareness among young people of the importance of positive mental health and the causes and effects of mental illness;
- encourage research among students who would not otherwise be aware of the subject;
- increase visits to mental health services by students who might not visit otherwise;
- dispel some of the myths about mental illness;
- create a greater understanding of the stresses and problems of everyday life;
- spread knowledge gained through the project to a wider audience.

Participation has the added benefit of introducing students to important life skills such as research, report preparation and public speaking.

### RESULTS

Participating students research a mental health topic in an innovative and enjoyable way with their findings presented and communicated through public speaking. The project encourages students to share ideas with classmates and is an effective means of collating facts, gathering information and preparing a coherent presentation on mental health.

Schools are encouraged to select a team of three students who will represent the school. This project attracts approximately 300 such teams. On average 900 students participate directly every year, but the number involved increases greatly when the ripple effect of classmates, school friends, teachers, parents and audiences is taken into account. Not only are the students teaching themselves through their research, but they in turn are passing on their knowledge to a wider audience.

### DISCUSSION

A recent evaluation carried out by the Centre for Health Promotion Studies (Dempsey & Barry, 2001) included the following findings:

- 93% of teachers felt that the project had a positive impact on students' views of mental health issues and 87% agreed that the project had a positive educational value for students;
- participating students at the semi-final stage were strongly in agreement that they had gained a better understanding of mental health issues (96%) and of mental health services (100%);

- 89% of the surveyed audience attending the finals felt that the project had improved their own understanding of mental health.

## 'AUDYSSEY' A MEDIA PROJECT IN THE BORDER COUNTIES

### METHOD AND DESIGN

'Audyssey' is a cross-border schools initiative, organised by Monaghan Mental Health Association, one of network of local mental health associations affiliated to Mental Health Ireland. The project links schools in Northern Ireland and Southern Ireland. 'Audyssey' aims to:

- promote positive mental health by fostering cross-border links;
- to develop an awareness of mental health;
- encourage young people to explore the subject of mental health;

Students of schools in the border counties of Fermanagh, Tyrone, Armagh (Northern Ireland) and Monaghan and Cavan (Ireland) create a 10 minute media presentation project on a mental health topic. This is in the form of a radio broadcast (radio drama, sound bytes, music bytes, voice overlays, interviews and special effects). The rationale behind this project is to raise young people's knowledge of mental health issues through media skills, with a view to improving the students' awareness of their own mental health and of the services and facilities available.

### DISCUSSION

This project is aimed at all students attending Post-Primary schools and colleges in the border counties noted above. The schools meet at an event where the material is broadcast and a verbal presentation to accompany it is made by the students in front of an invited audience.

Students were involved in the evaluation of the project. A strong feature of this project is use of a media presentation, which is an attractive method of delivery for young people. The tapes are also used on local radio, which increases the potential for peer education and audience capacity.

## PERSONAL DEVELOPMENT PROGRAMME FOR STUDENTS IN TRANSITION YEAR OF POST-PRIMARY SCHOOL (YEAR 4)

### METHOD AND DESIGN

Organised by Cork Mental Health Association, one of a network of local mental health associations affiliated to Mental Health Ireland, the Personal Development Programme for students in Transition Year (15 to 16 year olds) takes the form of a one day workshop. The aims of the project are to:

- educate students on issues relevant to mental health;
- encourage students to explore personal development issues through a mental health context;
- promote positive mental health;
- encourage young people to explore the subject of mental health with a view to improving their own awareness of their own mental health and the services and facilities available.

During the workshop, issues such as self-esteem and the concept of the self; stress and stress management; communication; and group dynamics are addressed through an experiential learning format including discussion; role play and group exercises with various handouts for students. The programme is delivered by trained facilitators, who are all experienced mental health professionals. The maximum size of each group of students is 15, with two facilitators per group.

### DISCUSSION

Participation by the students is the core principle of the project. Their views, both written and verbal, form the basis of valuable feedback. A strong feature of this project is the direct involvement of students in mental health issues which are relevant to them. This has the potential to benefit the students directly by improving their own self-esteem, and also to contribute in a positive way to their school environment through awareness and education.

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# Mind Out

## The development and evaluation of a mental health promotion programme for post-primary schools in Ireland[1]

Mary Byrne, Margaret Barry, Anne Sheridan[2]

## INTRODUCTION

Historically, health and personal development has been delivered on an ad hoc basis in Irish schools. However, from September 2005 Social, Personal and Health Education (SPHE) will be a mandatory curriculum subject for 15 to 18 year olds. There is a shortage of high-quality resources on positive mental health available for teachers to implement SPHE with this age group, and the Mind Out project sought to meet this need.

## AIM OF THE PROJECT

The aim of the Mind Out project was to develop, implement and evaluate a curriculum-based programme, in the form of a module promoting positive mental health, for 15 to 18 year olds in the Irish school setting. The project included schools from both the Ireland and Northern Ireland, with the additional aim of building relationships and sharing experiences between the two jurisdictions.

The module focuses explicitly on positive mental health issues, and forms an integral part of a more general health education programme. The aims of the programme materials that have been developed are to:

- identify a range of coping strategies available to young people in stressful situations;
- identify rational thinking skills for use in controlling negative emotions;
- raise awareness of feelings and how to deal with them positively;
- raise awareness of sources of support, both informal and formal, for young people in distress;
- explore attitudes towards mental health issues and towards seeking help.

The aims of the associated evaluation study were to:

- establish the feasibility of adapting international models of best practice in curriculum materials for mental health promotion to the Irish school setting;
- assess the impact of the programme on pupils' knowledge, attitudes and skills in relation to mental health;
- investigate whether the programme's effects are greater than those of a standard health education programme;
- explore the effects of different levels of teacher fidelity to the process of programme delivery;
- assess the attitudes of teachers towards the content and structure of the programme and its effect on their pupils, the pupil-teacher relationship and the wider school environment;
- ascertain the attitudes of pupils towards the programme;
- explore the usefulness of an activity-based workshop as an evaluation tool with young people.

## METHOD AND DESIGN

### PROGRAMME DEVELOPMENT

The programme materials were developed in consultation with teachers, pupils and health promotion practitioners. In addition, a review of international programmes and evidence in the area was undertaken. Mental health components of existing Irish material for health education (the Lifeskills programmes, McAuley 1996)

1 Department of Health Promotion, National University of Ireland, Galway, Ireland.
2 Correspondence address: Health Promotion Department, North Western Health Board, Dromany Church, Dromany, Letterkenny, Co. Donegal, Ireland. E-mail address: anne.sheridan@nwhb.ie

were integrated with material from other countries, in particular the Australian Mind Matters programme (Commonwealth Department of Health and Aged Care, 2000), with a view to compiling a balanced selection of items that would complement each other while meeting the needs expressed by students and teachers. Draft materials were the subject of a pilot study. Materials were revised following the results of this pilot before being used in the main evaluation study.

Two programme manuals were compiled, one containing 10 curriculum-based sessions for implementation during the first year of the programme, and the second containing three "booster sessions" designed to follow on from the original 10 in the second year. Most of the 13 sessions are interactive, and include some form of physical activity as well as time for reflection and discussion. Students are rarely required to write, and the emphasis is on experiential learning.

Teachers delivering the programme are required to attend a half-day training session exploring meanings of mental health and the rationale for mental health promotion in addition to the module materials.

## PROGRAMME EVALUATION

The evaluation research study employed a randomized controlled experimental design. Programme evaluation assessments took place before and after implementation and at a 12 month follow-up, using the written questionnaire described below. Comparisons were made between:

a. intervention groups receiving the Mind Out programme and control groups receiving no health education programme;
b. intervention groups receiving the Mind Out programme and control groups receiving a standard health education programme.

A total of 59 schools from within the study region agreed to participate in the study as either intervention or control schools. Data were analysed at the cluster (classroom) level, using multilevel modelling techniques (Byrne et al, in press).

A combination of qualitative and quantitative measures were employed with both teachers and students to assess the aims of the study.

A written questionnaire administered to pupils at baseline and post-intervention assessed the impact of the programme on pupils' knowledge and awareness of mental health issues; their attitudes towards mental health difficulties in others; their behavioural intentions in a hypothetical situation; and their general mental well-being and coping skills. The questionnaire included the following:

- A vignette depicting a young person experiencing symptoms of depression, followed by questions about respondents' levels of concern, possible causes and solutions, behavioural response to the case and attitudes to professional services.
- Five items assessing self-rated personal skills relating directly to the content of the programme, such as dealing with anger and conflict, positive thinking and talking about emotions.
- Two psychometric scales – the General Health Questionnaire (GHQ-12), a screening instrument designed to detect current, diagnosable psychiatric disorders (Goldberg, 1972), and the Brief COPE inventory, a multidimensional scale developed to assess a broad range of coping responses (Carver et al, 1989).
- A series of open and closed questions assessing pupils' attitudes towards the programme, both before and after its implementation.

Four groups of students who had participated in the programme took part in an activity-based evaluation workshop, which was designed to supplement the information from the written questionnaires. Involving young people as active partners in the research process in this way ensured maximum participation and articulation of their opinions in a naturalistic format, allowing an increased insight into their views and experiences.

Teachers were asked to complete and return a short Recording Sheet immediately after delivering each session. The sheet asked for comments on what was covered during the session; the suitability of the content to the time frame available; the extent of students' enjoyment, benefit and engagement; and the positive aspects and difficulties experienced in the session.

Teachers were also invited to attend a regional review session with other teachers after completing the module. A number of teachers participated in an individual interview as an alternative or addition to attending the group review session.

Finally, a School Ethos Questionnaire explored the promotion of positive mental health in the school as a whole, covering policies; ethos and environment; partnerships with families and community; availability of support staff; curriculum; and perceived barriers to mental health education.

## RESULTS

Approximately 650 pupils were taught the module by 33 teachers in 22 schools during the academic year 2001–2002. The mean age of participating students at baseline was 16.17 years. 56% were female and 57% came from non-manual social class backgrounds. Over 1 200 control students from a further 37 schools also participated in the evaluation study.

## IMPACT ON KNOWLEDGE, ATTITUDES AND SKILLS

Students who had participated in Mind Out —

- Were more confident about what to do if someone in their class were in distress (talk to a teacher or another adult, do not ignore the problem or avoid the person).
- Showed an increased awareness of a range of voluntary and statutory support services and organisations.
- Demonstrated greater compassion towards a young person showing symptoms of distress.
- Felt themselves more likely to engage in constructive help-seeking behaviour if they were in distress (talking to a friend, talking to a teacher, contacting an outside organisation or professional for help).

These positive effects remained even when intervention students were compared with other students who had taken part in a standard health education programme over the same time period, suggesting that Mind Out can yield benefits over and above programmes without an explicit focus on mental and emotional issues.

A separate analysis was conducted only among groups where the programme was implemented with a high level of fidelity to the manual. Some additional positive programme effects emerged for these groups, particularly in their awareness of sources of support for young people. No adverse effects were noted, either by teachers or from the questionnaire assessment. Overall, girls appear to have benefited from the programme to a greater extent than boys.

## ATTITUDES TOWARDS THE PROGRAMME

Overall the programme was well received by both teachers and pupils. Teachers judged the materials to be age appropriate and user friendly. The programme was thought to be neither too long nor too short and the balance of activity-based exercises with discussion activities was praised. Benefits to the teacher-pupil relationship were noted as well as overall benefits to students.

The majority of students themselves enjoyed the programme and reported perceived gains in many areas, in particular an increased ability to cope with problems and emotions, and improved interpersonal relations. During the qualitative activity-based evaluation workshops, students gave their verdict on the programme to peers, stating that the programme was well targeted at their age group and benefitted male and female students equally. Over three quarters of students in the workshops said the programme would make a difference to their lives outside the classroom. However, the programme had a greater appeal for girls than for boys.

## DISCUSSION

The evaluation study has shown that the Mind Out programme can have positive short-term effects on a range of student outcomes in a variety of school settings. The result is a timely new resource for schools, based on international models of best practice, which has been well received by both teachers and students and which furthers the emotional development of young people in Irish schools.

The degree of teacher fidelity to the process of programme delivery was highlighted by this study (and elsewhere: Greenberg et al, 2001) as a critical factor in programme success. Students in classrooms where the teacher followed the manual guidelines closely tended to show more positive programme effects, particularly in the areas of knowledge and awareness of sources of help. This underscores the crucial importance of pre-service training sessions for teachers of Mind Out. Sessions should include guidance in identifying the core elements of the programme that may contribute to its effectiveness, as well as those elements which are amenable to adaptation in particular circumstances.

## FUTURE PLANS

To date, the Mind Out programme has been delivered in a number of schools in the border-midlands-western region, identified by the European Union as being particularly at risk due to social disadvantage. The North Western Health Board (Ireland) has recently funded a reprint of module materials, and training has been offered to all teachers from the 27 post-primary schools in this region. The Northern Health and Social Services Board (Northern Ireland) has also committed funding to reprinting and disseminating module materials.

The National Council for Curriculum and Assessment have endorsed Mind Out as a suitable resource for the new Social, Personal and Health Education (SPHE) curriculum for 15 to 18 year olds. A project is underway to produce and disseminate a Mind Out pack, which will help regional health authorities in Ireland to make the programme available to schools in their regions. The pack will contain:

- electronic version of Mind Out materials in printable format;
- summary of results from the evaluation of Mind Out;
- guidelines for agencies on training teachers to deliver the module;
- costing information for printing the Mind Out pack.;
- parent information leaflet;
- guidelines for schools on holding an evening session for parents during the course of the Mind Out programme;
- guidelines for teachers on interactive and participatory ways to evaluate the programme with their students.

The development of Mind Out curriculum materials is seen as a necessary first step towards the development of a whole school approach to positive mental and emotional health in Irish schools, in keeping with international best practice (Weare, 2000).

## ACKNOWLEDGEMENTS

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# Phrenz of the Media

## A project involving people with schizophrenia in Dublin, Ireland[1]

Ann Marie Flanagan[2], John Saunders, Kahlil Thompson

## INTRODUCTION

The concept of this project was created through the recognition that in order to reduce stigma, people with personal experience of mental health difficulties need to tell their own stories in a variety of formats, whether through the media, training sessions or public lectures. By telling personal stories and giving opinions on issues that directly affect the lives of people with mental illness, it is hoped that a positive change in society's views of mental illness will be fostered.

## AIM OF THE PROJECT

Phrenz of the Media was a regionally based project in the mid-western region of Ireland, which aimed to help people with schizophrenia and related mental health difficulties gain valuable media skills. Through these skills it was hoped people with schizophrenia would be able to represent themselves and their experience, challenge stigma and discrimination, and dispel myths about mental illness.

The project also strived to raise local media awareness of the facts about mental health difficulties, and to emphasise the media's role and responsibility in reporting accurately on mental illness while highlighting the effects of positive journalism on society.

## METHOD AND DESIGN

Twelve participants, all of whom have schizophrenia or related mental health difficulties, designed and managed the six month project. Participants learned new skills and at the same time produced an audio documentary for radio, articles for local papers and other publications, an interactive website and a two minute animation film. Various regional groups and media sources were shared their skills and learned about the issues and experiences of stigma in return.

The group initially explored the effects of stigma on their own and their families' lives. They examined the role of the media and how it contributes to the persistence of stigma. The group contacted the regional media and found that radio and television stations, and the provincial papers, were open to working with them in a mutually beneficial manner.

The group considered the variety of media sources that people of all ages and experiences use to elicit information, and set out a plan to create information in those formats. A coordinator and media trainer were recruited. The coordinator helped to establish a development plan aimed at generating tangible products to be used in the media in a variety of ways. Participants decided individually which media they wished to contribute to.

## RESULTS

On World Mental Health Day, 10 October 2003, the results of the Phrenz of the Media Project were formally launched in County Clare, Ireland. The event was a tremendous celebration marking the achievements of the project. The group's achievements included the following:

[1] Schizophrenia Ireland, 38 Blessington Street, Dublin 7, Ireland. Web site: http://www.phrenzofthemedia.com
[2] Correspondence address (all authors): Schizophrenia Ireland, 38 Blessington Street, Dublin 7, Ireland.
E-mail address: info@sirl.ie

- an animation film, Joe's Story, to be used for television broadcast and training;
- several articles published in local newspapers and other publications;
- an audio documentary, which was aired on three local radio stations;
- a dedicated web site containing all project materials, to be used by other service-user led groups. Results of the Phrenz of the Media Project are available via this web site.

The project produced more than had originally been anticipated. The group indicated that they had gained confidence and invaluable skills, and also announced that they would help to disseminate the project in other parts of the country by providing peer support on a national basis. The media felt that because of the project, they would be in a better position to engage in responsible journalism. Having a core group of people with personal experience and interview skills available for comment on issues relating to mental illness was seen to be very useful.

As a result of Phrenz of the Media, the regional media has built a strong relationship with the participants of the project. Since the project was launched, the media has become much more open to addressing mental health issues. It is also anticipated that the manner in which local media report on mental health difficulties in future will demonstrate a greater awareness and understanding of the issues.

Initially, only three members of the project wanted to participate in the audio documentary, as others feared being recognized. In contrast, several participants indicated that they felt comfortable writing articles, since they were able to control the level of information disclosed as well as ensure confidentiality. By the end of the project, however, all members of the group wished to participate in the audio documentary.

One result that highlighted both the hard work and talent of Phrenz of the Media participants was the overwhelmingly positive response generated by the project's animation piece, Joe's Story. Joe's Story debuted at the Cork International Film Festival in October 2003, and was re-released in March 2004 at the Irish Film Institute.

## DISCUSSION

Throughout the life of the project, participants worked together in a non-hierarchical manner. The group felt comfortable exploring issues relating to stigma, feelings about their diagnoses, factors that were helpful or unhelpful to their recovery, relapses and the roles of their families and friends. There was a strong feeling of empathy and understanding throughout the duration of the project. Another vital aspect was the equity within the group. The whole project was built around giving an equal voice to everyone involved.

The Phrenz of the Media project was evaluated using an outcome based model, in which the benefits to constituents were identified. Four observable outcomes of the project were identified for examination and verification. The results of this evaluation are summarized below.

Participants' expression of increased self-confidence in using their experiences to positively alter public attitudes through the public domain.

— 100% of the participants indicated that they had felt sharing their experiences was very valuable in creating awareness and reducing stigma by dispelling myths and replacing them with facts.

Participants' expression of increased self-confidence in discussing the impact of stigma in relation to their mental health difficulties.

— 100% of the participants expressed greater confidence in discussing the impact of stigma.

Increased skill level in terms of interacting with the media.

— 80% of the participants indicated that they would interact with the media; 50% of these said that they would do a live interview and 90% said that they would take part in a pre-recorded interview (written or oral).

The media's increased knowledge of mental health difficulties.

— All media involved contacted the regional office before printing or broadcasting a story concerning the project. 100% of the media sources responded to requests to cover stories related to the project; 66% of the media sources now indicate a preference for including interviewees with personal experience to comment on mental health issues.

The impact of Phrenz of the Media on the participants has been far-reaching. As the project progressed, everyone in the project group took on responsibilities; personal responsibilities in terms of time investment and producing material, but also responsibilities as a group. Every member of the group made a public personal testimony on their experiences.

All participants of Phrenz of the Media felt that the project fostered their self-confidence and encouraged them to gain new skills. The group is a highly valued resource for Schizophrenia Ireland, as they can be called upon to deliver awareness training and media interviews. Several participants have highlighted how the project encouraged them to take personal pride in their achievement. Some participants in the project have now progressed to employment.

Other impacts:

- Phrenz of the Media's animation film, Joe's Story, premiered at the Cork International Film Festival with a discussion workshop;
- Phrenz of the Media highlighted at the Ennis Arts Festival;
- a community development project has highlighted the project as a model of good practice;
- 50% of the group have indicated their desire to train as Peer Advocates;
- public enquires in the region have increased due to the media attention generated by the project.

## FUTURE PLANS

Throughout 2004, the Phrenz of the Media group will showcase the project at national meetings. The project will also be implemented in three other regions across Ireland, engaging with the provincial media, general public, mental healthcare professionals and people with schizophrenia and related mental health difficulties. The Phrenz of the Media web site will be expanded to allow other service user groups to contribute, and advertised widely to bring it to the attention of people with mental health difficulties.

The Phrenz of the Media project hopes to continue its work in enabling people with experience of mental health difficulties to voice their opinions on issues that directly affect their own lives, thus leading to a positive change in how society views mental illness.

## ACKNOWLEDGEMENTS

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# ARYA – Advancement of Resilience at a Young Age

## A preschool project in Tel Aviv, Israel[1]

**Moshe Israelashvili[2]**

## INTRODUCTION

Resilience promotion is a major challenge for mental health researchers and practitioners. Currently it is widely accepted that resilience is developed at a young age (Masten, 2001). Moreover, it has been demonstrated that by early childhood many children are already faced with various stressors, both within their family and externally. These findings highlight the need for a better understanding of differences in preschool children's resilience and the development of ways to promote resilience as a protective factor against mental disorder and socioemotional problems.

Surprisingly, most interventions to promote resilience have focused on elementary-school children and adolescents. In addition, studies of preschool children's resilience have tended to focus on parents or kindergarten teachers, and it is they who have been the target for intervention (Zeitlin & Williamson, 1994). Studies addressing the children themselves have usually focused on elementary or secondary school children, both in exploring the nature of children's resilience and when developing interventions to promote resilience.

The idea that parents and teachers can be targeted in this way as agents for change is based on well-established empirical evidence. However, there is no reason to assume that adults are the only possible channel for intervention aiming to promote preschool children's resilience. On the contrary, existing literature gives some indication that parenting characteristics may not always be related to preschool children's maladaptive behaviour (Mesman & Koot, 2001). There is also evidence to suggest that preschool children's emotional and social behaviour can be positively changed by a direct intervention, and that sometimes coping skills training for young children will achieve better results if the mother is not involved (Shure, 2001).

Moreover, the utility of addressing the majority of efforts to promote children's resilience toward parents – while leaving the children aside – should be seriously questioned, particularly in areas of low socioeconomic status or among at-risk children. Problems are often encountered while trying to intervene among parents, such as parents' intensive efforts to cope with their own difficulties and lack of resilience, and the very limited trust that some parents feel towards educational settings and professionals who work in education.

## AIM OF THE PROJECT

The project aims to teach at-risk preschool children strategies for coping with stress, and to promote their resilience.

## METHOD AND DESIGN

The Advancement of Resilience at a Young Age project (ARYA; the acronym spells the word lion in Hebrew) has been established at Tel Aviv University School of Education, in collaboration with the Tel Aviv University Price-Brodie Initiative. The objective of the project is to promote preschool children's resilience; the first point in which positive effects are should be observed is upon entrance to school. The project addresses at-risk 4-year-old kindergarten children, both Jewish and Arab, living in a suburb of Tel Aviv.

[1] Price-Brodie Initiative and Tel Aviv University, Tel Aviv, Israel 66489.
Web site http://www.tau.ac.il/community/price-brodie/english/early-edu.html
[2] Correspondence address: Tel Aviv University, School of Education, Ramat Aviv, Tel Aviv, Israel 66489.
E-mail address: mosheill@post.tau.ac.il

The ARYA project operated between 2002 and 2003 in Jaffa, a mixed residential area with a mainly Jewish and Muslim Arab population. Around one third of the participating children were Jews and the rest were Arabs. All children were from low-income families with two to nine members (mean, 4.9). According to parents' reports on health issues, approximately:

- 20% of children were the products of high-risk pregnancies;
- 20% had problems during delivery;
- 40% had major health problems during the first two years of life;
- 50% of families had significant problems during the previous three years.

These data demonstrate that the children who participated in the project were vulnerable to various developmental problems.

The project was designed to meet the developmental needs of 4-year-old children. This means that the project tries to incorporate the child's eagerness to have a personal mentor who will give individual attention and mediate between the child and the world. At this age, metaphorical instructions have a greater power than literal instructions to advance cognitive and emotional development (Heffner, Gerco & Eifert, 2003). ARYA therefore uses two basic cornerstones to address its participants directly:

- the establishment of a significant mentoring relationship;
- the use of animals to solidify the meaning of coping and resilience.

The mentor transfers knowledge and skills by engaging the children in play, painting and stories which are related first to an animal's stress and ways of coping, and later to the child's own life. This is not "pet therapy", but rather takes advantage of a subject that preschool children enjoy engaging with to foster confidence in the mentor and provide a vehicle for carrying emotional and cognitive messages about resilience.

On a practical level (Israelashvili & Wegman-Rosi, 2003), the mentor and preschool teacher design the schedule and setting of the project jointly within the project guidelines. The mentor should work individually with each child for about 20 minutes a week, in a specific and fixed place within the kindergarten which is suitable for the project's activities.

The first meeting between mentor and children takes place during the children's screening process. During this meeting the mentor administers several psychological measurements. The aim of the screening meeting is to gain first impressions of each child, and identify those who are in need of psychotherapy or other intensive developmental interventions. This first meeting is conducted in groups of three children, after which the mentor will work individually with each child.

In the first few individual sessions, the mentor introduces the child to a variety of animals through story telling, looking at pictures and card play. An animal is chosen by the child and mentor to learn about together. During subsequent meetings, the mentor dialectically exposes the child to the chosen animal's stress and ways of coping through games, stories, pictures and puppetry. In the course of each individual session, the mentor guides the child to discuss what the animal might "think", "feel" and "do" when confronted with a stressful event.

The mentor's role is to encourage the child to initiate a narrative about the animal's coping behaviour, as well as expose the child to different ways of coping, such as seeking social support, planning, seeking practical support, active coping and disguise. Following each story, play or experience the mentor will ask the child the following questions:

- Have you ever used this way of coping?
- In what other circumstances can you use this way of coping?
- What would happen if you used this way but it did not help?
- What other ways of coping could be used in the event you have just mentioned?

These questions enable the mentor to initiate a dialogue on the specific challenges and problems the child is facing. A home visit is made once the child is fully acquainted with the mentor. These visits provide an opportunity to introduce both mentor and project to the child's parents. The mentor can also ask for information about the family and child's special problems and needs, and gain an impression of the child's home environment. Upon conclusion of the project, the child is presented with a file containing paintings, stories and games created during the sessions, to keep and show to family and friends.

In addition to individual sessions, some group activities take place in the kindergarten. These include: a group activity in which children are asked to solve a problem, a puppet play written for the project and a tour of Tel Aviv University's Zoological Garden, during which various ways of coping used by animals in natural surroundings are demonstrated.

The mentors who work for ARYA are trained to work with preschool children. Usually the mentors in the project are Tel Aviv University graduate students, affiliated mainly to the School of Education counselling programme. These students are selected on the basis of their previous experience with young children. Throughout the year of working on the project, mentors participate in individual and group meetings, during which they receive training on mentoring preschool children (Israelashvili

& Wegman-Rozi, 2003). The meetings provide an opportunity to mutually share their experiences with the children.

One of the issues on which mentors receive instruction is the way to "enter" the kindergarten. Attention must be paid to establishing a suitable relationship between mentor and teacher. Moreover, during the project the mentor is responsible for giving the teacher a general knowledge of the child's issues, and advising of any exceptional event that deserve the teacher's attention. In addition, the mentor will take part in other events of the kindergarten, such as birthday and holiday celebrations.

## RESULTS

During the two years of its implementation, feedback from the project was very positive. The kindergarten teachers felt many children were better prepared for the transition to school, which was encouraging to those involved with ARYA. Moreover, all kindergarten teachers are keen for the project to continue. Many parents have expressed their gratitude, particularly to their child's individual mentor during the home visits. An important and flattering compliment came from the children themselves, who would compete each other to be the first to work with the mentor each day. Finally, the mentors themselves reported the children's full participation in the project and their own impressions of significant advances in knowledge of strategies for confronting stress.

## DISCUSSION

In total, around 400 preschool children from the Jaffa district were randomly divided into a programme group and a control group, in several cases within the same kindergarten. During the project's implementation, data were collected on this control group. 2004 marks the entrance of the oldest project participants into elementary school. A follow-up study is currently being conducted, to evaluate their school adjustment and resilience, in comparison to the control group.

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# The School-to-Army programme

## Facilitating adolescent transition from school to basic army training in Israel[1]

Moshe Israelashvili[2]

## INTRODUCTION

In some countries, such as United States of America, the Netherlands or the United Kingdom, around the world high-school graduates sometimes enlist for personal, particularly financial, reasons. Other countries, such as Switzerland or Israel, routinely draft high-school graduates into compulsory military service.

Studies of adolescent transition from school to military service over the last 50 years (Gold & Friedman, 2000; Stouffer et al., 1949) have repeatedly demonstrated that this transition is exceptionally stressful. Both phenomenological and empirical studies have further shown that the entry stage of military service – basic training – is especially stressful for almost any recruit.

Researchers have suggested two major explanations for this profound stress, one developmental and the other organizational. From a developmental point of view, it is thought that adolescent needs contrast sharply with the characteristics of basic training; namely, a total invasion into personal life, becoming part of a group and unable to act according to personal characteristics, intense and extensive exposures to same-gender company, exposure to social pressures, and experiencing a threat to one's life.

The second explanation is related to the literature on organizational entry (Wanous, 1980). Many studies draw comparisons between transition to the military and other transformative experiences, for example beginning college or work. Similarities noted include the need to adjust to a very large bureaucratic structure, intense peer relations in cramped quarters (dormitories, barracks) and the need to fulfil challenging impersonal demands (Wintre & Ben-Knaz, 2000). However, the organizational approach claims that entry into basic training comprises a unique exposure to a vast variety of daily hassles, within a shorter and more intense period than any other organizational entries that school graduates might experience.

Whatever the explanation, there is evidence to suggest that exposure to basic training might lead to the emergence of various mental health problems (Cigrang, Todd & Carbone, 2000). Therefore many efforts have been made to provide better screening of recruits in order to prevent military maladjustment and possible incidental mental health problems (Wintre & Ben-Knaz, 2000). However, once military service is mandatory, it can be assumed that the usefulness of the screening process will decrease, as the army will be reluctant to release those who do not show a profound risk of maladjustment. Hence, in addition to efforts to reduce the probability of maladjustment through screening, attempts should be made also to promote the probability of better adjustment.

This can be done by preparing adolescents for military service adequately. Another reason to facilitate adolescents' preparation for a mandatory military service concerns their family relationships. Often the family is not aware of its crucial influence on the recruit's preparation and future adjustment to military service (Israelashvili, 1996); sometimes parents project their own internal tensions regarding the forthcoming military service onto their adolescent child, adding to the adolescent's stress (Hermelin & Israelashvili, 2000). In conclusion, it seems that once adolescents are obliged to enlist in the army, a preventive intervention that will focus on preparation for military service can significantly contribute to their well-being and mental health. Thus, such a programme would not intend to serve the army's needs but those of the adolescent.

1 Israel Ministry of Education, Heleni Ha'Malka St, Jerusalem, Israel
2 Correspondence address: Tel Aviv University, School of Education, Ramat Aviv, Tel Aviv, Israel 66489.
E-mail address: mosheill@post.tau.ac.il

## AIM OF THE PROGRAMME

The School to Army programme is a prevention programme that aims to foster enlistees' self-efficacy and ability to adjust well to basic training.

## METHOD AND DESIGN

In Israel, every Jewish adolescent is obliged to join the army for two years (females) or three years (males). Surveys have shown that most Israeli adolescents welcome their enlistment into the Israel Defence Forces (IDF), both because they feel that there is a real civic need for their military service and because they expect military service to significantly contribute to their preparation for adulthood.

However, a large body of evidence (Israelashvili, 1992) has repeatedly testified that while most Israeli adolescents agree with the need for enlistment they are not sure of their own ability to cope with the Army's demands. In view of these findings, and in light of the importance of preparation for the school to life transition, a preparatory intervention was designed for Grade 12 boys and girls facing military enlistment (Israelashvili, 1992). It is known as the School to Army (STA) programme. STA programme components are presented in Table 1.

### TABLE 1. CONTENT AND SOURCES OF SCHOOL TO ARMY PROGRAMME

| | CONTENT COMPONENT | SOURCE |
|---|---|---|
| 1. | The importance of transition from high school | Teacher |
| 2. | The recruitment office: what, when and why? | External (IDF) expert |
| 3. | The "how" of vocational decision making | School counsellor |
| 4. | Parents' meeting: how to support a child in transition | External (IDF) expert |
| 5. | Mapping of stress during organizational entry | Teacher |
| 6. | Study day for familiarization with future military options | External (IDF) expert |
| 7. | Coping and adjustment techniques | School counsellor |
| 8. | A meeting with soldiers who graduated from my high school | School counsellor |
| 9. | Weeklong tryout in a military camp: simulated basic training | External (IDF) experts |
| 10. | Conclusions following training | School counsellor |
| 11. | What do I have today that will help me cope in the future? | Teacher |
| 12. | Separate question and answer sessions with male and female students | School counsellor |
| 13. | Reflections on the preparation programme and summing up | Teacher |
| 14. | A global view on the place of the newcomer within IDF | External (IDF) expert |
| 15. | Indicative interventions to address current and future individual problems | School counsellor |

IDF, Israel Defence Forces

As can be seen in Table 1, the STA programme is a collaboration between school and military systems, each contributing its own expertise. Usually the leading figure in the programme's implementation is the school counsellor (Hermelin & Israelashvili, 2000). The counsellor is also responsible for identifying students for whom military maladjustment might be a major problem, based on knowledge collected before and throughout the STA programme. Finally, the school counsellor will help those students who ask for individual advice on managing discussions of the coming military service with their parents.

The STA programme was developed on a trial and error basis. In schools, explorations of adolescents' needs took place,

together with an analysis of what can practically be done while adolescents are still high-school students. In the military context, several action studies of basic training were carried out, to analyse exactly what helps new recruits to adjust better to military service. The school-based prevention programme which developed into STA drew on the results of these studies (Hermelin & Israelashvili, 2000; Israelashvili, 1992).

However, retrospectively it is noticeable that the premises of the STA programme are similar to Meichenbaum's Stress Inoculation Training (SIT) model (1985). Two major components of the programme are: the exploration of stress sources in the civilian to basic training transition; and the acquisition of coping skills through group discussion (Israelashvili, 2002). Usually both of these activities can and should be guided by the school counsellor. In terms of the SIT Model, the exploration of stress sources relates to the reconceptualization phase, while the fostering of coping skills relates to the acquisition phase. It should be mentioned that in these are not the only components of the STA programme. A weeklong stay at a military camp is also involved, which can be seen as representing SIT's implementation phase, and there are further activities with the adolescents and their parents.

## RESULTS

Evaluative studies have established the significant short-term contribution of the STA preparation programmes to participants' feelings of self-efficacy, with regard to military enlistment (Israelashvili & Taubman, 1997).

## DISCUSSION

Israeli adolescents are obliged to join the IDF, and therefore the SFA programme focuses on inoculating them against the stress of basic training. The programme tries to foster recruits' feelings of self-efficacy, through activities that explain the nature of daily challenges in basic training and strategies for coping with them. Thus the programme focuses on recruits' mental health, by trying to prevent maladjustment, rather than the needs of the army. Nevertheless, the IDF is a significant partner in the programme.

The other major partners in the programme are the high schools where potential recruits are studying. Currently, Israeli Ministry of Education policy directs all high schools in Israel to conduct preparatory activities regarding the impending military service. The Ministry recommends the implementation of the STA programme, but encourages each school to tailor the programme's various components and activities in a way that will fit its own situation (e.g. students' qualifications and socioeconomic status, school staff cooperation, level of parental collaboration).

Most (Jewish) high schools in Israel now incorporate STA components in their Grade 12 curriculum. Moreover, several studies have demonstrated that the STA programme significantly improves participants' feelings of self-efficacy and readiness for the school to army transition. In conclusion, it seems that the STA programme does meet the developmental needs of Israeli high-school graduates.

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# Like Minds, Like Mine

## Countering stigma and discrimination associated with mental illness in Wellington, New Zealand[1]

**Gerard Vaughan[2]**

## INTRODUCTION

Negative attitudes towards mental health issues can be reduced by promoting direct contact between members of the public and people with experience of mental illness. This is most effective in structured settings where the person with experience of mental illness is perceived to have equal or greater status. Contact can be face to face, or via educational presentations and mass media (Barwick, 1995).

Campaigns that set realistic outcome criteria and are backed up with community-based education and training are more effective in changing behaviour (Wolff G et al., 1996). While mass media can be most effective at raising awareness and changing the climate of public opinion, changing behaviour requires more direct action to address the actual situations in which discrimination occurs.

The rationale of Like Minds, Like Mine is based on the World Health Organization's Ottawa Charter for Health Promotion (1986). Two particularly important features of the project's design include active involvement of people with experience of mental illness, and the combined approaches of mass media and community action. The project has a nationwide remit.

This case study covers the period 1999–2003. During 1999 a two year national plan was developed, establishing the structure and design of the project. Between 2001 and 2003 a second national plan was developed and implemented.

## AIM OF THE PROJECT

The goal of the Like Minds, Like Mine project is to create in New Zealand a nation that values and includes all people with experience of mental illness by reducing the associated barriers of stigma and discrimination.

The intended outcomes for the project are to:

- enable all people with experience of mental illness to gain equality and respect and enjoy the same rights as others;
- change public and private sector policy to value and include all people with experience of mental illness;
- create greater understanding, acceptance and support for all people with experience of mental illness.

## METHOD AND DESIGN

### PROJECT DESIGN

The main components of the project are:

- overall project management and funding from the Ministry of Health;
- mass media advertising and supporting communications;
- evaluation, research, concept testing, and benchmark and attitude tracking surveys;
- a Free Phone number staffed by trained counsellors;
- advocating for change to policies and practices through education, training and policy development;

[1] Ministry of Health, PO Box 5013, Level 1, Old Bank Chambers, Customhouse Quay, Wellington, New Zealand
[2] Correspondence address: Ministry of Health, PO Box 5013, Level 1, Old Bank Chambers, Customhouse Quay, Wellington, New Zealand. E-mail address: Gerard_Vaughan@moh.govt.nz

- community-based action through education, training and awareness-raising activities carried out by 26 organizations across New Zealand. These are both urban and rural, and comprise eleven Maori, three Pacific Peoples and two mental health service user organizations (public health and mental health providers were also involved);
- national and regional advisory groups for people with experience of mental illness. These groups also deliver many aspects of the projects work;
- development of key relationships with the Mental Health Commission and the Human Rights Commission.

### TARGET AUDIENCE

The project's target audience is all people of all ethnicities in New Zealand (European, Maori and Pacific Peoples). The mass media communications targeted people from 15 to 44 years old, as this group was considered more likely to be successful in influencing the attitudes, and ultimately behaviour, of the community.

Maori and Pacific People ethnicities are over-represented in mental illness services and were identified as priority groups. The European concept of mental illness differs from that of Maori and Pacific Peoples cultures, so different approaches were required.

### MASS MEDIA ADVERTISING

Television and radio communications aimed to overcome the general public's lack of interest in mental illness while avoiding a patronising or preaching message, and transcend the variation in understanding of mental illness by different ethnic groups.

The first phase of advertising showed the many famous people who have been affected by mental illness, yet still achieved greatness in their fields. This communication raised the question "Are you prepared to judge?" The Famous People campaign provided a high interest, positive connection to mental illness. It created high levels of discussion – people were amazed and intrigued to discover that John Kirwan (a New Zealand rugby player) and other famous people had experienced mental illness.

The second phase of advertising focused on continuation. The public wanted to know more about the famous people, what illness they had, how it affected their lives and crucially, some wished to be told more about mental illness. Mental illness was now on the public's agenda. The concept behind phase two was Famous on Famous. Well known friends of four famous people from the first campaign featured in 60 second mini-documentaries that explored their friend's life. The documentaries were not accusatory, but helped identify discriminatory behaviour by providing an insight into the famous people's lives and how close friends viewed their struggles, successes and experience of stigma and discrimination. Commonality was emphasized as this was recognised as a key factor in acceptance. The major message communicated was that "one in five New Zealanders will be affected by mental illness. How much they suffer depends on you". An in-depth, hour-long documentary on the lives of various people in the campaign was also produced and aired on national television in 2001.

### OUTCOME PARAMETERS

The key outcome parameters for the project:

- changing the climate of public opinion;
- empowering people with mental illness and their families;
- changing attitudes, behaviours and policies in service systems and organisations who have frequent contact with people who have experience of mental illness.

## RESULTS

Both quantitative and qualitative research points to an impressive improvement in levels of awareness among the general public. People with experience of mental illness who have been involved in the project have also noted improvements in both attitude and practice from some of the key organisations that have been the focus of the project's education and training work.

The following data are taken from computer assisted telephone interviews conducted nationwide with over 1 000 members of the general public aged between 15 and 44 years old (Akroyd and Wyllie, 2002).

The noticeable increase in recall of the advertising, as noted below, suggests awareness had been raised.

- Unprompted recall
  - 53% (January 2001)
  - 79% (December 2002)
- Prompted recall
  - 67% (January 2001)
  - 87% (December 2002)

Significantly, 62% reported discussing the advertising at least once with one or more people.

Table 1 shows the increase in members of the public who agreed with the main messages of the campaign.

## TABLE 1. AWARENESS OF MENTAL ILLNESS AMONG 15–44 YEAR OLDS IN NEW ZEALAND[1]

| MESSAGE | EXAMPLES GIVEN IN INTERVIEW | INTERVIEWEE CONCURRENCE (%) POST PHASE 1 (2001) | POST PHASE 2 (2002) |
|---|---|---|---|
| **Give support/ don't discriminate** | ■ show support, tolerance, understanding or respect<br>■ less judgemental<br>■ need our help | 36 | 50 |
| **Affects a wide range of people** | ■ more common than you think<br>■ even famous people can have a mental illness | 57 | 482 |
| **Social acceptance** | ■ not shameful<br>■ an illness like any other | 12 | 25 |

[1] Following each phase of the Like Minds, Like Mine mass media campaign.

[2] This reduction can be explained by the fact that the main message evolved from creating awareness of the prevalence of mental illness (phase one) to the importance of showing support and respect, and of not excluding people (phase two).

During both phases the freephone line received many calls from people motivated to ring after seeing the advertisements (1 374 calls over a 3.5 month period). A tape talk service was also available for people to access pre-recorded information tapes about mental illness in general, and depression, schizophrenia, bipolar disorder and anxiety disorders. During the same period 3 806 calls were made to the tape talk service.

Attitude tracking surveys (Table 2) revealed that both phases of mass media advertising resulted in a significant improvement in the attitude of the general public.

## TABLE 2. ATTITUDES TO MENTAL ILLNESS AMONG 15–44 YEAR OLDS IN NEW ZEALAND

| | AGREEMENT LEVEL 2002 (%) | INCREASE SINCE 2000 (%) |
|---|---|---|
| **Significant increase in agreement that:** | | |
| ■ people who've had a mental illness can still lead a normal life | 87 | 15 |
| ■ I am becoming more accepting of people with mental illness | 80 | 11 |
| ■ mental illness is something that can happen to anyone | 93 | 5 |
| **Significant increase in disagreement that:** | | |
| ■ once a person gets a mental illness they are always unwell | 62 | 9 |
| ■ people who have had a mental illness are never going to be able to contribute much to society | 88 | 11 |
| ■ people who have a mental illness are more likely than other people to be dangerous | 38 | 11 |
| ■ if I got a mental illness I would feel ashamed | 50 | 15 |
| **Significant increases in willingness to accept people who have experience of mental illness as:** | | |
| ■ a workmate | 79 | 10 |
| ■ a resident in a half-way house | 63 | 7 |
| ■ a babysitter | 20 | 8 |
| ■ a next door neighbour | 64 | 9 |

"The ads have proven to support me when it comes to feeling acceptable in society. The project itself has given me the confidence to speak up about mental illness in my life" (Akroyd and Wyllie, 2003).

Feedback was sought on the Like Minds, Like Mine project from people with experience of mental illness. Research took place through in-depth interviews with 20 key informants, 266 self-completed questionnaires and focus groups with 42 individuals of Pacific Peoples origin.

Over 80% of survey participants felt the advertising campaign was helping to reduce stigma and discrimination associated with mental illness. Increased awareness and understanding were seen as the main areas of impact. Considerable numbers of survey participants reported having noticed or experienced reduced stigma and discrimination associated with mental illness over the last three years in a range of organizations and groups. Key informants mentioned a range of additional impacts, including the greater participation of people with experience of mental illness in the project.

## DISCUSSION

This project has made an impact both nationally and internationally. Within New Zealand the project has improved attitudes and behaviours towards people with experience of mental illness, as recorded in the quantitative and qualitative evaluations described above.Other impacts within New Zealand have included:

- an award for effectiveness in advertising in the 2002 New Zealand Effective Advertising Awards, and two marketing awards at the 2003 New Zealand Marketing Awards, including the Supreme Marketing Award for 2003;
- a proposal by The Human Rights Commission to work with the project on an advocacy training resource for people with experience of mental illness;
- a request from The New Zealand Police for the project to work on their police college training curriculum;
- a contract with Housing New Zealand for delivery of 30 training and education workshops for staff nationwide;
- over 785 responses from people with experience of mental illness to a nationwide discrimination survey;
- an increasing number of people with experience of mental illness involved in the project (over 300 people expressed an interest in assisting with development of our third phase of advertising).

The project has international contacts with the Carter Centre, the United States of America, who are collaborating with the project by funding two New Zealand Carter Centre journalism fellowships each year.

## FUTURE PLANS

A third phase of television and radio advertising was launched in October 2003. The Ministry of Health will continue to track attitude change during this phase of advertising. The project will continue to identify discriminatory practices and advocate for change. Based on initial analysis of the project's discrimination survey results, the key areas where discrimination has an impact are employment; housing; mental health service users as parents; access to financial services such as insurance; attitudes of families and friends; and experiences when receiving mental health treatment and support services. Data from the survey will assist in planning strategies to address discriminatory practices in these areas.

A key strategy in making changes will be supporting people with experience of mental illness and their allies to advocate for changes themselves. To prepare for this the project has formed a partnership with the Human Rights Commission in order to develop a training resource for people with experience of mental illness to learn about and advocate for their rights under the Human Rights Act.

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# Meeting of the Minds

## A library programme for older people in Auckland, New Zealand[1]

**Marie Hull-Brown[2]**

## INTRODUCTION

The Meeting of the Minds programme was established by the Mental Health Foundation of New Zealand in response to requests from older people for more emphasis on encouraging active thought and "stretching our minds".

With few resources available, collaboration with others was the first priority. The Mental Health Foundation had already established a formal working relationship with Age Concern councils in the Northern Region of New Zealand. The Mental Health Foundation had also identified Auckland City's library access specialist as a supporter of positive ageing through lifelong learning. The 16 community libraries throughout Auckland City are mainly located in areas accessible to older people, with public transport and car parking nearby. The range of mentally stimulating activities would be determined by the available space in each library, the library staff's ability to resource the activities, and suggestions from those who might attend.

## AIM OF THE PROGRAMME

The aim of Meeting of the Minds was to enable positive ageing for older adults residing in Auckland City through a coordinated mental activity programme in a community setting.

## METHOD AND DESIGN

Auckland City's library service had already undertaken market research showing that only 25% of residents aged 65 and over were library members. This research also showed that 86% of the older population were relatively independent and mobile. The potential link between library services and the promotion of positive ageing was recognised by the three interested organizations – the Mental Health Foundation, Age Concern Auckland and Auckland City Council. Following consultation with community librarians, and a period of planning, the programme commenced in October 2001. Each community library would host an hour long session once a month, called Meeting of the Minds. Membership of the library was not a prerequisite for participation in the programme.

Free promotion was available through Auckland City's weekly newspaper, CityScene; suburban newspapers; Age Concern's newspaper, Positive Living; the Auckland City Libraries web site and Vintage Years, a weekly Access Radio programme presented by the Mental Health Foundation. During October, the first month of the project, 12 community libraries took part, with programmes ranging from Fun with Word Games to horticultural advice about growing salad vegetables and fruit in containers. During the following six months a pattern emerged from the preferred topics at different libraries, which reflected the interests of local communities.

The following three themes proved most popular among the 1 085 older people who attended:

- celebrating people and their cultures, including genealogy, family histories, local history, cultural experiences and traditional festivals;
- acquiring new skills and knowledge, including computer skills, crafts and hobbies, travel and current affairs;

[1] Mental Health Foundation of New Zealand, 81 New North Road, Eden Terrace, Auckland, New Zealand.
[2] Correspondence address: PO Box 10051, Dominion Road, Auckland 1003, New Zealand.
E-mail address: marie@mentalhealth.org.nz

- reading for stimulation, with talks from invited authors, book clubs and interactive discussion of selected books.

## RESULTS

The level of interest and support shown by older people led to the programme's further development. A detailed evaluation, both quantitative and qualitative, was conducted between April and July 2002 by a researcher based at the Mental Health Foundation. Although the evaluation was therefore not wholly external and independent, the researcher had not been involved in the development or delivery of the programme.

The objectives of the research were to assess whether the programme was:

- encouraging positive ageing
- fostering and sustaining library partnership with local community agencies
- increasing access for older adults to library services and collections.

The quantitative survey provided the following statistics about the participants:

- 71% were female
- 81% were of European descent
- 65% were aged 65 or over and another 23% were between 56 and 65 years old
- 71% were retired
- 38% lived alone
- they were a mobile and active group, 61% driving to the libraries and 16% walking, while 58% were involved in another community activity
- 81% were library members at the time of the survey, 9% having joined the library since the Meeting of the Minds programme began.

The qualitative phase of the research was conducted with library customers and staff, and comprised five focus groups with 48 customers who had attended the programme; interviews with eight library customers who had not attended and four focus groups with staff, including six customer service librarians and six community librarians. The formal focus groups were supplemented by informal conversations.

Opinions from participants identified a number of opportunities provided by the programme, including:

- a reason to get out of the house;
- an opportunity to expand knowledge and learn – "You've got time on your hands and here is a chance to listen to other people's ideas";
- an opportunity to revisit past interests or develop new ones – "You know, for so many years you are busy bringing up your family and working. You don't read and you get out of touch. That is what I have felt. It is a long time since I have read many biographies but since they brought that [Meeting of the Minds] out it has opened up a new world";
- opportunities to expand social networks – "A chance to mix";
- an opportunity to bridge cultural barriers – "New Zealand being a multi-ethnic society, people come from a lot of the different parts of the world, I would say. Anything we can do to help each other understand each other more, the better";
- opportunities to enhance feelings of community and social connectedness – "I have only been in this suburb for six years and I didn't know a soul and now it all adds up to the feeling that the place has got a heart. You're part of a community".

Responses from nonparticipants and the librarians highlighted some logistical weaknesses in the project. Publicity about the programme had not reached the nonparticipants, some of whom had mobility problems and some, even when they attended the library, were more focused on finding books than lingering to discover what else was happening. Among the librarians there was a lack of clarity as to the programme's purpose and a perceived lack of support from their marketing department and from Age Concern Auckland. They also questioned the priority given to the target group and whether the outcomes warranted the resources needed. However, none questioned the underlying value of the project in terms of its potential for both mental stimulation and community building.

## DISCUSSION

The evaluation identified that Meeting of the Minds was actively supportive of positive ageing for the people involved. There was a need for more support for library staff and clarification that although the programme was aimed at people aged 65 and over, this was not exclusive and younger people could become involved. Interestingly, one participant comment indicated that they did not want this to be something that was just for older people.

Following the evaluation, library staff and management reaffirmed their commitment to Meeting of the Minds. For promotional purposes it was decided that monthly programmes of events would be produced for distribution through libraries and for display on the Auckland City Libraries web site. Where possible, these are planned two months ahead. Guidelines were created for events management within the library system. The

partnership between Age Concern Auckland and Auckland City Libraries has been put on a more formal footing, while the Mental Health Foundation continues to offer support in the area of research and evaluation.

## FUTURE PLANS

The number of people attending Meeting of the Minds continues to grow and another evaluation is planned for 2004. It is hoped that this will identify the value of the project more accurately, in terms of its contribution to positive ageing, although evidence for mental health gain in a project of this kind has to rely significantly on subjective report.

In the first two years of Meeting of the Minds there has been an increase in membership of Auckland City's libraries among the older age group. More importantly, there have been a number of positive outcomes for older people, with groups such as book clubs and computer classes growing alongside the original programme. Moreover, a recent event advertised as 'a day in the life of a mayor' drew nearly 80 people, including 25 schoolchildren, adding an intergenerational element which benefited everyone involved in the project.

Library staff changes have not had a major effect on the programme, which is now an established part of Auckland City Libraries' lifelong learning strategy. In fact, one of the Auckland City access librarians has moved to Rodney County and is planning to set up Meeting of the Minds in that area. Interest has also been shown in other parts of New Zealand and the Mental Health Foundation will work to ensure that the lessons learned from the programme are readily available to mental health promotion practitioners throughout this country and the world.

# Project on Mental Health Elucidation, Rehabilitation and Promotion

## Working with rural communities in Bauchi, Nigeria[1]

Joshua C Gandi[2]

## INTRODUCTION

The Project on Mental Health Elucidation, Rehabilitation and Promotion (POMHERAP) is designed for rural communities in Bauchi State, Nigeria. The State has twenty local government areas, each with a health facility referred to as a General Hospital, Cottage Hospital or Primary Health Centre. A tertiary hospital known as Specialist Hospital Bauchi is located in the state capital of Bauchi. It is the only centre with a psychiatric unit for mental health services in the state.

Apart from the limited and insufficient mental health facilities in Bauchi State, chronic stigma besets the psychiatric domain. Mental health care remains focused on controlling the acute phase, while the principles of primary, secondary and tertiary prevention are grossly neglected. Hence Lambo (1996) noted,

> *on the whole, we are still far from achieving success in conquering socially-induced and psychologically-based diseases which have greater and more disastrous impact on the fabric of our contemporary society as well as on individuals.*

## AIM OF THE PROJECT

POMHERAP's goal is to improve human dignity by facilitating holistic well-being which will work towards a humane society.

The aims of the Project have been to encourage and maintain both individual and community participation in a successful mental health promotion agenda. This is achieved using the following three objectives.

- Elucidating what mental health is all about.

This involves activities that raise awareness of mental health issues in a positive way. Information and education are the crucial ingredients in achieving this objective.

- Counselling therapy and psychosocial rehabilitation.

These will positively overhaul the individual's psyche and restore the functional status of patients with mental illness, thereby integrating them into community life as useful society members.

- Campaigning for mental health promotion.

The focus here is essentially behavioural change in order to develop the potential to withstand stress and stressors. Good habits and practices are positively reinforced while those leading to mental illness are discouraged.

POMHERAP's intended outcome is that by the end of the programme, participants should understand the meaning of mental health and mental disorders. This working knowledge should give birth to positive attitude change towards good health status, thus realizing and nurturing residual potential for economic empowerment and self reliance.

[1] Pro-Humanitarians, Psychiatric Unit, Specialist Hospital Bauchi, Bauchi State, Nigeria.
[2] Correspondence address: Pro-Humanitarians, Psychiatric Unit, Specialist Hospital Bauchi, Bauchi State, Nigeria.
E-mail address: jcgandi2000@yahoo.com

## METHOD AND DESIGN

The main elements of POMHERAP are research, advocacy, training, and Information–Education–Communication (IEC).

### RESEARCH

The programme gathered a set of preliminary findings about the people of Bauchi State. Data gathered included details of the social environment, culture, attitude to mental health issues, and the status of mental health and mental disorders. Other efforts and facilities to help people with a mental illness (if any) were surveyed and evaluated with the view to implementing the programme.

The research is an empirical study in natural settings, using a randomized process of sample surveys. The informal methods have been naturalistic observations and unstructured interviewing, while the formal (measurable) instruments are questionnaires. Research respondents are both male and female between 18 and 60 years old. Results from the collated and analysed data show that:

- 85% of the rural population lacked any objective concept of mental illness or the advantages of good mental health.
- 98% of health professionals and patients' relatives realized the need for psychosocial rehabilitation as advocated by Pro-Humanitarians.
- 80% of citizens engage in habits and practices that are not conducive to mental health.
- 90% of the population are not able to access mental health facilities easily.

### ADVOCACY

Community leaders and other influential people are mobilized and sensitized to the objectives of POMHERAP. This has enhanced the good rapport, understanding and cooperation crucial to the anticipated outcomes. Advocacy starts with a courtesy call on the community leaders, after which sensitization seminars are organized. Participants are drawn from traditional and religious institutions as well as politicians and health care providers in the community. At the end of these seminars, two sets of volunteers (peer counsellors and peer educators), are established.

### TRAINING

Professionals such as educators, social workers and health professionals participated in a two week training of trainers workshop conducted by Pro-Humanitarians staff members. On completion of this workshop, all professionals embarked on training the volunteers resulting from earlier seminars. The volunteer training involved mental health counselling, referrals, information, education, prevention and sustaining rehabilitation, and aims to impart working knowledge and skills suitable for mental health promotion.

### INFORMATION–EDUCATION–COMMUNICATION

The three elements of POMHERAP discussed above are dependent on this fourth as the goal-realizing vehicle. For instance, researchers and respondents make use of information on questionnaire forms to communicate to each other. Moreover, the final research results inform and educate stakeholders accordingly. Training and advocacy are only meaningful when IEC materials are judiciously employed. IEC can take one of three forms:

- discussion – including public lectures, seminars, one to one counselling and faith-based talks.
- written – print materials such as posters, handbills, bulletins, pictures and other relevant written messages.
- acting or viewing – activities such as drama, role play, other activities using body language and video clips.

## RESULTS

In relation to the intended outcomes the POMHERAP programme was a huge success. Results are summarized below.

- The target population now understand the meaning of mental health and the concept of mental disorders.
- Patients with mental illness who were abandoned in the past are now referred to hospitals and are receiving treatment and family care.
- Hospitalized patients with mental health problems have access to psychosocial rehabilitation and are now being integrated into the community.
- People in the community can now withstand stress (to a reasonable extent) and maintain good health status.

## DISCUSSION

POMHERAP activities relate to the needs of the target population by bringing succour to the people with a mental illness and their families, as well as developing individuals with purposeful lifestyles which promote mental health. With these laudable objectives and the application of appropriate methodological elements, the programme consciously complements other efforts being carried out in Bauchi State. Training has contributed to building the capacity of various interest groups in the area.

From the results presented above, together with informal assessments, it can be seen that there is a positive behavioural change towards a healthy mental lifestyle. Since successes outweigh failures, the goals and aims of POMHERAP have been

## TABLE 1. STATISTICAL PRESENTATION OF THE POMHERAP RESULTS

| VARIABLE | % BEFORE[1] | % AFTER[2] | REMARKS |
|---|---|---|---|
| Understand mental health/mental disorders | 15 | 95 | Improved |
| Habits/practices detrimental to mental health | 80 | 30 | Positive change |
| Access mental health services | 10 | 95 | Improved |
| Access psychosocial rehabilitation | 0 | 25 | Just started |
| Withstand stress/maintain good mental | 15 | 75 | Improved |
| **TOTAL** | **120** | **320** | **HUGE SUCCESS** |

achieved. The reasons for this success include the commitment of the Pro-Humanitarians Management Staff to the task of facilitating holistic well-being and POMHERAP's eclectic approach of people-friendly and supportive methods employed by professionals and volunteers alike.

Though the programme has been a huge success, there were some perceived failures. These were due to essential financial constraints.

The POMHERAP intervention had a positive impact on the trainers, volunteers and the target rural population. There was a positive attitude change towards stress, and a realization and nurturing of the potential for sound living. The programme has curtailed the stigma historically attached to mental disorders in the target communities. Patients are enjoying some degree of social support which by extension improves general socialization. Rehabilitation normalizes recovery and also improves performance in occupation or brings suitable occupation accordingly. Instead of being completely dependent and a tax-consumer, the individuals are now self reliant and even tax-payers. This means the program brings economic empowerment to the individuals and economic benefit to society.

## FUTURE PLANS

The follow-up strategies of POMHERAP include reports, feedback and eventual field visits to monitor progress and situations that could inform subsequent action. Main elements of assessing the success of the intervention are re-evaluation of the area, monitoring the target population, and keeping in touch with volunteers.

Future plans for POMHERAP's design are essentially quantitative expansions related to the index programme. The quality is already 75% successful, when the results and subsequent discussions are considered.

As this programme had only a small number of participants, due to the small number of communities covered, future plans include sustainable expansion of capacity among communities that benefited from this scheme, thereby extending the result-oriented intervention to other communities in the country. POMHERAP's most immediate goal is to find grants and funding to enable the programme to move forwards.

## ACKNOWLEDGEMENTS

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[1] Prior to the programme's intervention.

[2] Following the programme's intervention.

# Mind Your Mind

## A preventive programme for the control of major mental disorders in Singapore[1]

Clare Yeo[2]

## INTRODUCTION

Singapore consists of the main island and 58 other islets, covering 616 square kilometres of land. Geographically located at the southern tip of Peninsula Malaysia, Singapore's strategic position has helped it grow into a major centre for trade, communications and tourism. While geography has played a part in the success of Singapore, its mainstay has always been its people. Lacking natural resources, Singapore's strength is its hardworking, adaptable and resilient people. The population of close to four million people is almost completely urbanized, with the vast majority living in government subsidized high-rise apartments. Culturally, the population is multiracial, with the main ethnic groups being Chinese (77%), Malay (14%) and Indian (7%).

## MENTAL HEALTH SERVICES IN SINGAPORE

Mental health care in Singapore has come a long way since the mid nineteenth century when the country was a British colony. From a single small mental asylum providing custodial care, mental health care has evolved over the past 150 years to become a comprehensive range of psychiatric and psychological services that meet the mental health needs of Singapore's people.

Established in 1928, the Institute of Mental Health and Woodbridge Hospital (IMH–WH) is currently the largest provider of psychiatric services in Singapore. Adopting a multidisciplinary approach, it provides psychiatric treatment, rehabilitation and counselling services that are designed to meet the special needs of three age groups: children and adolescents, adults, and the elderly. In addition, there are specialized clinics and programmes such as the Anxiety and Mood Clinic, Eating Disorders Clinic, Sleep Disorder Clinic, Sexual Dysfunction Clinic, Early Psychosis Intervention Programme (EPIP) and Community Addictions Management Programme (CAMP). There are various community support programmes, including community psychiatric nursing teams, pre-discharge patient education and family education. IMH–WH also undertakes clinical research and teaching, and conducts mental health promotion and education programmes for the community.

## MAJOR MENTAL HEALTH DISORDERS IN SINGAPORE

The major mental health disorders seen in Singapore are depression, anxiety disorder and schizophrenia. The prevalence rates of these disorders are 7.3%, 9.3% and 0.75% respectively (Fones et al., 1998). The main issues surrounding these major mental health disorders are stigmatization, under-recognition and inadequate treatment by general practitioners. Without adequate treatment, these disorders are associated with significant morbidity in the patient and an emotional burden for the family. At a national level, they affect human resources in terms of productivity and health care utilisation costs.

In response to these concerns, the Mind Your Mind (MYM) programme was implemented in 2001. This 10-year preventive programme is government sponsored and funded by the Ministry of Health through the Health Promotion Board. The programme is spearheaded by IMH–WH, together with various strategic partner organizations, including the Ministry of Education, Ministry of Community Development and Sports, voluntary welfare organizations and health professional groups.

[1] Singapore Health Promotion Board, 3 Second Hospital Avenue, Singapore 168937 and Institute of Mental Health & Woodbridge Hospital, 10 Buangkok View, Singapore 539747.
[2] Correspondence address: Head Mental Health Education and Deputy Head Dept of Psychology, Institute of Mental Health & Woodbridge Hospital, 10 Buangkok View, Singapore 539747. E-mail address: clare_yeo@imh.com.sg

## AIM OF THE PROGRAMME

The MYM programme aims to promote mental wellness and raise awareness of the importance of early detection and treatment of the major mental disorders. Specifically, the aims of the programme are to:

- promote mental health among Singaporeans;
- create greater awareness of mental disorders among the general public;
- destigmatize mental disorders;
- improve the rate of early detection and treatment of depression, anxiety disorder and schizophrenia in Singapore;
- reduce the rate of hospitalization for depression, anxiety disorder and schizophrenia in Singapore;
- reduce the prevalence rate of depression;
- reduce the suicide rate of the elderly;
- reduce chronic disability among schizophrenic patients and the proportion of poor functioning patients (patients who are undergoing treatment and not able to work).

## METHOD AND DESIGN

The Programme has four target areas:

- the general public
- children and adolescents
- adults
- the elderly.

A variety of strategies are used to reach the target groups and maximise outreach. These include:

- mass media campaigns aimed at increasing awareness of mental health and disorder, including press interviews and reports, magazine articles and television docudramas by mental health professionals;
- public forums on the signs and symptoms of depression, anxiety disorders and schizophrenia, and the benefits of seeking early treatment;
- exhibitions to coincide with international events such as World Mental Health Day, and regular road shows at community events;
- counselling programmes to equip counsellors with the knowledge and skills needed to manage non-clinical cases within the community;
- training courses to enable teachers, general practitioners and professional care givers to manage and detect early signs of mental disorders;
- support groups enabling individuals with mental disorders and their families to meet;
- the development of multimedia materials such as self-help books, educational videos, relaxation CDs, Internet web pages, pamphlets and posters.

While the mass media campaigns and public forums aim to increase public awareness of mental health and mental disorders, the workshops and training courses impart skills for the early detection of mental disorders and create an infrastructure conducive to the promotion of mental health. For example, teachers are trained in setting up buddy systems and relaxation corners, and ensuring the availability of trained counsellors in schools. Among the elderly, professional care givers and relatives are trained in suicide prevention as well as coping with the stress of the carer role.

As the scope of mental health education is extensive, a 5-year communication plan was produced in 2001, with each year focusing on a different aspect of mental health.

### TABLE 1. MIND YOUR MIND PROGRAMME 5-YEAR COMMUNICATION PLAN

| YEAR | KEY FOCUS |
|---|---|
| 2001 | Stress Management |
| 2002 | Destigmatization |
| 2003 | Depression |
| 2004 | Anxiety |
| 2005 | Schizophrenia |

The Outcome Targets that the Programme aims to achieve by 2010 are:

- to reduce the prevalence rate for depression from 7.3% to 7.0%;
- to reduce the suicide rate in the elderly from 50 per 100 000 to 40 per 100 000;
- to reduce the prevalence rate for anxiety disorders in Singapore from 9.3% to 9.0%;
- to reduce the proportion of poor functioning schizophrenic patients from 37% to 30%.

## DISCUSSION

Since the launch of the MYM programme, the response from the general public and healthcare professionals has been growing. Between 2001 and 2002 there was an increase of 17% in the number of forums, seminars, workshops and training courses organised, and a 56% increase in participation rates.

In a community survey conducted by the Health Promotion Board in 2002, 1 985 Singapore residents aged 13 years or above were questioned on their knowledge of mental dis-

orders together with their attitude towards those who suffer from depression. The survey reported that while the majority of respondents had heard about depression and were able to identify some of the symptoms, the following misconceptions were still prevalent:

- one in four (26.7%) respondents thought that people with depression have "only themselves to blame" for their condition;
- two out of three (65.5%) respondents viewed depression as a condition which people could use their personal willpower to "pull themselves together if they wanted to".

In a similar UK survey, conducted in 1998, the results were 13% and 19% respectively. While these two studies may not be strictly comparable in some areas, the comparison is a useful measure of the task ahead for mental health professionals and government agencies in Singapore who seek to reduce the stigma and misconceptions associated with depression and other mental disorders. In addition, the comparison also highlights the influence of culture and religious values or beliefs in sustaining these misconceptions.

The MYM programme will be further evaluated to assess its effectiveness and to ensure that outcome targets are being met. Baseline data is currently being collected for the following studies:

- prevalence studies of anxiety disorders, depression, schizophrenia and stress levels;
- prevalence studies of suicide rates.

The process will be repeated after an interval of 3 years.

Since the launch of MYM in 2001, the programme's range of activities have created interest in acquiring information about mental health where before mental disorders were a taboo subject to be avoided at all costs. MYM's public forums, talks and workshops, covering a range of topics for all ages , have been well received by both general public and health-care professionals. In addition, employers have also begun to recognize the economic value of promoting mental health and are more inclined to voluntarily organize these activities for their employees.

## FUTURE PLANS

There is still much to be done in Singapore to promote mental wellness and raise awareness of the importance of early detection and treatment of mental disorders. While the mass media and public forums will continue to be important avenues for reaching the masses, the challenge ahead for mental health promotion in Singapore is to develop specialised programmes that take into account the diversity of the population and the ever-changing global environment.

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# Spreading the word

## The outreach programme of the Early Psychosis Intervention Programme, Singapore[1]

Siow Ann Chong[2], Lisa Bird

## INTRODUCTION

Psychosis is a serious mental disorder with a profound impact on patients, their families and society. One of the most severe of psychotic disorders is schizophrenia which, according to the Global Burden of Disease (1996), is among the top 10 contributors to disability and the health burden worldwide. A growing body of evidence shows that early treatment could result in a significant reduction in morbidity, and better quality of life for patients and their families (McGlashan, 1996; Larsen et al, 1998).

However, many studies have shown that those with psychosis usually experience considerable delay in receiving treatment. In developed countries the duration of untreated psychosis (DUP), which is the time between symptoms of psychosis appearing and the seeking of medical attention, ranges from 9 to 18 weeks (Drake et al, 2000).

Singapore is an island state in South East Asia with a population of 3.4 million. The main ethnic groups are: Chinese (77.4%); Malay (14.2%); and Indian (7.2%). A local study found that in Singapore the DUP ranged from 0.1 to 336 months, with a mean of 32.6 months and a median of 12 months (Chong SA et al, in press). There may be many causes of a long DUP, such as ignorance, stigma, denial, lack of motivation, absence of information about early psychosis and lack of access to appropriate interventions. Furthermore, in Singapore the manifestations of psychosis are often attributed to supernatural causes. Indeed, it was found that around 24% of patients with first episode psychosis had sought the help of traditional healers at the first onset of symptoms (Chong et al, in press).

This alarmingly long DUP and its possible consequences, combined with the benefits of early intervention, were the impetus for establishing the Early Psychosis Intervention Programme (EPIP), a nationwide non-profit-making programme. It was initiated in April 2001 by the Singapore Ministry of Health. EPIP is a comprehensive and integrated treatment programme that focuses on the early detection of psychosis, and subsequent provision of evidence based treatment by a multidisciplinary team of psychiatrists, psychologists, case managers, social workers, nurses and occupational therapists. The programme also aims to screen those with a high risk of developing psychosis.

One of the main aims of the EPIP outreach programme is to raise awareness of psychosis among the general public and health care workers in the primary health care sector (general practitioners, counsellors and traditional healers).

## AIM OF THE PROGRAMME

The aims of the EPIP outreach programme are to:

- raise awareness of the early signs and symptoms of psychosis;
- reduce stigma associated with psychosis;
- establish strong links to primary health care providers to work as partners in the detection and referral of potential EPIP clients;
- improve the outlook and quality of life of those with psychosis and therefore reduce the burden of care for their families.

[1] Early Psychosis Intervention Programme, IMH–Woodbridge Hospital, 10 Buangkok View, Singapore 539747.
[2] Correspondence address: Early Psychosis Intervention Programme, IMH–Woodbridge Hospital, 10 Buangkok View, Singapore 539747. E-mail address: Siow_Ann_CHONG@imh.com.sg

The outcome indicators for these aims are as follows:

- increased number of patients referred to EPIP;
- reduced DUP throughout Singapore;
- reduced level of disability and a decrease in suicide rates;
- improved quality of life for patients and families;
- reduced need for hospitalization;
- lower health costs throughout Singapore.

## METHOD AND DESIGN

The awareness-raising activities of EPIP's outreach programme focus on five target groups:

- the general public;
- general practitioners (GPs);
- counsellors at nongovernmental agencies and tertiary education institutions;
- the Singapore Armed Forces, Civil Defence Force and Police Force;
- practitioners of traditional Chinese medicine.

### GENERAL PUBLIC

The following promotional items and events were used to raise awareness of the symptoms of psychosis and the services of EPIP among the general population.

- Six brochures containing general information on psychosis, presented as a box set for patients and their families.
- A series of public forums at high profile venues around Singapore, held in both English and Chinese and featuring presentations on psychosis and its treatment.
- An evening event at Singapore's premier performing arts complex. A number of well known television and stage actors voluntarily gave their time to read personal experiences of people diagnosed with psychosis, and excerpts from literary works on psychosis. Corporate sponsorship helped promote the event through a radio and newspaper advertising campaign and via 30 000 free postcards distributed to hundreds of retail outlets nationwide. The event was a huge success, with a record number of attendees.
- Numerous articles on psychosis and the services of EPIP, published in national newspapers and magazines.
- Regularly scheduled interviews with a psychiatrist aired on major radio stations at peak times of day.
- A television docudrama on psychosis, produced in conjunction with Singapore's Health Promotion Board. The programme was broadcast during prime time evening viewing on different channels in four languages (English, Chinese, Malay and Tamil).
- EPIP's first book, Delusions, Possession or Imagination? Experiencing and Recovering from Psychosis, published in 2003. It is the first easy to read, psychosis-specific book published in Singapore for patients, families and care providers. The book was officially launched in February 2003 at the Singapore Art Museum. The launch coincided with an exhibition of work by EPIP clients and other Singaporean artists diagnosed with psychosis. Both exhibition and book launch generated a great deal of public interest.
- The exhibition Moving On…, held in February 2004 to consolidate the success of the previous year's exhibition. Help was enlisted from Tan Swie Hian, one of Singapore's internationally renowned artists and a recent recipient of the prestigious Crystal Award from the World Economic Forum. Tan exhibited his work alongside the work of EPIP clients in support of the outreach programme's aims. An art competition for tertiary art students was linked to the exhibition to raise awareness of psychosis among the student population.
- Regular talks at public libraries around Singapore.
- Educational posters, displayed in all subway stations throughout Singapore.

Forming links with front-line health care providers is crucial as more than two thirds of patients with first episode psychosis choose community health care providers such as general practitioners, polyclinic doctors, counsellors or traditional healers as their first professional contact.

### GENERAL PRACTITIONERS (GPs)

There are around 2 500 practicing GPs in Singapore. The EPIP outreach programme has focused on raising their awareness of the signs and symptoms of psychosis. The tools used for this include:

- EPIP Connect, an educational newsletter which is sent directly to over 2 500 GPs every two months. The newsletter also contains information about forthcoming EPIP events for GPs.
- The GP Psychosis Awareness Raising Programme, a series of monthly lunchtime talks taking place at the 16 state-subsidized polyclinics in Singapore. GPs from private medical clinics in the areas surrounding each polyclinic are also invited to these talks. A video written and produced by EPIP, Does this patient have psychosis? Your early detection could make all the difference, is given to each GP. The video highlights the signs and symptoms of psychosis and offers tips on how to elicit information from patients who may be experiencing psychosis.
- Larger EPIP forums and workshops for GPs, held on a regular basis.

- A series of posters and flip charts distributed to GP clinics and intended as easy-to-access information tools.

## COUNSELLORS

EPIP's outreach programme has established strong links with student counsellors from the various universities and polytechnics in Singapore. Counsellors employed by nongovernmental organizations have also been included in networking, through training and consultation. Training sessions with practicing counsellors are held regularly in addition to talks targeted directly at the student population.

## SINGAPORE ARMED FORCES (SAF), SINGAPORE CIVIL DEFENCE FORCE (SCDF) AND SINGAPORE POLICE FORCE (SPF)

In Singapore, national service is mandatory for all male Singaporean residents aged 18 years old. The EPIP outreach programme has established networks among the counselling and medical service personnel in SAF, SCDF and SPF. EPIP is also involved in the screening of enlistees for psychosis. Awareness-raising talks are held regularly with counsellors from each of these organizations.

## TRADITIONAL CHINESE MEDICINE PRACTITIONERS

A considerable proportion of people with first episode psychosis initially seek help from traditional healers. Most healers are practitioners of traditional Chinese medicine, and there are about 2 000 in Singapore. Most are members of the Singapore Chinese Association. The EPIP outreach programme has initiated a number of dialogue sessions with the Association's Committee to exchange respective views on psychosis, and EPIP lectures to staff and students in their training college have also taken place.

## RESULTS

The efforts detailed above have resulted in an increase in individuals referred to the Early Psychosis Intervention Programme. There were 162 new referrals in the first year of the Programme (April 2001 to March 2002) of whom 135 were accepted. In the following year, the number of referrals grew to 341 (an increase of 110%), with 214 (an increase of 59%) accepted. As of April 2004, a total of 907 individuals have been screened, and 613 patients have been accepted into the Programme.

Preliminary analysis has shown that in the year following the start of the Programme, the mean duration of untreated psychosis was 32.6 (59.8) months, which fell to 14.9 months ($p=0.04$, Mann-Whitney test) in EPIP's second year. In the first year of the Programme, 9.1% of clients were referred from the community health care sector; by the end of the second, this had climbed to 22.6%.

## DISCUSSION

The progressive increase in the number of referrals from GPs and the number of patients accepted into EPIP, paralleled by a fall in the duration of untreated psychosis, attests to the success of EPIP's outreach and public education initiatives. More people with psychosis are being treated earlier, which will lead to better outcomes for the individual and greater health savings for Singapore. However, further study is needed. At the time of writing, EPIP is collating data on the clinical outcomes and quality of life of patients, and the cost-effectiveness of the Programme's interventions.

Public education campaigns are generally expensive, and as the bulk of EPIP's budget is allocated to human resources which are constantly increasing in response to growing patient numbers, the outreach programme has worked hard to obtain corporate sponsorship. Almost all EPIP's public education is funded by such sponsorships. However, great care has to be exercised to ensure that projects are not influenced by the corporate sponsor's agenda.

Addressing the misconception surrounding psychosis continues to be a challenge; especially in certain groups of the population, including traditional healers like temple mediums, and bomohs (Malay medicine men). To this end, the EPIP outreach programme has initiated meetings with religious organizations in order to establish contacts with these healers. We are also planning a Door-to-Door GP Awareness Programme in which a Case Manager or Nurse Educator will visit GPs individually to strengthen networks and improve education.

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# Mental Health Information Centre of South Africa

## Public awareness activities on mental health in South Africa[1]

Charmaine J Hugo[2], Winnie AP de Roover, Soraya Seedat, Dan J Stein

## INTRODUCTION

There is evidence that mental health literacy in South Africa is suboptimal; many lay people (Hugo et al, 2003), patient family members (Mbanga et al, 2002) and community health care personnel (Dirwayi, 2002) have gaps in their knowledge of mental illness and hold negative attitudes towards people with mental illness. There are relatively few resources for the treatment of mental disorders in South Africa, including relatively few mental health professionals (Emsley, 2001).

The Mental Health Information Centre of South Africa (MHIC) was established in 1995 with the aim of educating both health professionals and the public on psychiatric disorders and addressing the stigma associated with these conditions (Stein et al, 1996; Stein et al, 1997). The MHIC has a range of programmes. This case study will focus on two awareness and educational campaigns and describe their recent activities: Brain Awareness Week (BAW) in March 2001-4 and National Anxiety Disorders Awareness Week in October 2001/2.

## AIM OF THE PROGRAMME

The aims of the MHIC awareness and education activities are to:

- promote public awareness and better understanding of mental illnesses;
- encourage early diagnosis and appropriate help-seeking behaviour;
- contribute towards accurate diagnosis and appropriate treatment by health professionals;
- provide the public and media with current and accurate information to enable informed decision-making;
- create an interest in the neurosciences amongst future scientists and health professionals;
- tackle the stigma associated with mental illness.

## METHOD AND DESIGN

### PLANNING AND ANNOUNCING

A campaign proposal including planned activities and budget is drawn up twice a year, and sent to private companies and nongovernmental organizations who sponsor the educational events. Announcements, posters and information kits (including brochures and anti-stigma materials) are distributed to community clinics, schools, retirement homes and health venues, and to the public through libraries, shopping malls and similar locations.

### PRESS DRIVE

A crucial component of psycho-education and public awareness campaigns is working with the popular media. This was achieved by:

- hosting a media tea prior to a campaign to disseminate all relevant information;
- numerous press releases;

[1] Mental Health Information Centre, MRC Unit on Anxiety Disorders, University of Stellenbosch, South Africa. Web site: http://www.mentalhealthsa.co.za
[2] Correspondence address: PO Box 19063, Tygerberg 7505, South Africa. E-mail: cjhugo@sun.ac.za

- honouring journalists who have worked towards educating the public about mental health by presenting the annual National Mental Health Media Awards.

## PUBLIC EDUCATIONAL ACTIVITIES

For each campaign several educational events aimed at a broad and diverse public were organized. These included talks for the elderly and free memory testing; school talks on substance abuse; a travelling neuroscience exhibition; a ScienCentre programme with professional talks and theatrical performances; and theatrical performances at schools for those who could not reach the main venue.

## PROFESSIONAL EDUCATIONAL ACTIVITIES

In October 2002 the MHIC hosted continuing professional development (CPD) sessions in three major cities in South Africa (Johannesburg, Durban and Cape Town) on the diagnosis and management of post-traumatic stress disorder. MHIC has participated in workshops for health professionals such as the Mental Health and the Family seminar held on World Mental Health Day 2002. In March 2003 the MHIC ran a train-the-trainer neuroscience workshop for mental health consumer and advocacy group facilitators. Expert speakers including a physiotherapist, clinical psychologist, neuropsychiatrist, medical physiologist and occupational therapist explained their work and the latest advances within their fields.

## COMPETITIONS

Competitions catering to different age groups have included an art competition in 2002 for school children around the theme The brain: just use it, and in 2003 a neuroscience crossword puzzle competition. These were nationally advertised on participating organisations' web sites and in the popular media. Referral information was provided as clues to completing the crossword, and to promote available resources in the community.

## LAY AWARENESS AND ANTI-STIGMA

In 2001 a Film Festival was held in three major South African cities (Cape Town, Bloemfontein and Johannesburg). Commercial films that portrayed mental disorders appropriately were screened, and a recognized mental health expert briefly introduced the audience to mental health issues pertinent to the film. Mental health professionals and lay counsellors were available for discussion with members of the public. Information stands at the entrance of the cinema distributed brochures, while anti-stigma materials were on display and available to the public.

# RESULTS

The success of both awareness and educational campaigns was aided by a number of factors. MHIC has built a strong collaboration with the media resulting in excellent media exposure of events. In 2001 MHIC made contact, collaborated and forged firm working relationships with other mental health promoters in South Africa. These relationships were extended with subsequent campaigns. The sponsorship obtained from a number of companies enabled the campaigns to reach a wider public.

Ties with mental health advocacy organizations facilitated sharing of skills and expertise, while reducing the waste of limited resources on duplicating functions. In 2002 the Department of Health: Mental Health Program printed fliers for Brain Awareness Week and has since incorporated sponsorship of BAW posters in its annual budget.

MHIC has been offered voluntary help from many individuals and organizations. The ScienCentre used money raised through the hire of venues to MHIC to build a model of the brain that was placed at the entrance to the Centre. From October 2001 onwards the Internet-based knowledge centre Health24.co.za featured MHIC campaigns, thereby promoting activities nationwide.

Growing public interest in mental health issues is evident from the annually increasing attendance numbers and participation in MHIC public awareness activities. Audience numbers rose consistently from 20 to an average of 75 per talk. Initial school talks resulted in requests for follow-up presentations, particularly on substance abuse. Talks at retirement homes led to a series of popular follow-up talks attended by elderly people, their families and staff. CPD activities evolved to include general practitioners, psychologists, psychiatrists, nursing practitioners and trauma workers.

An important success indicator was the increase in calls to our MHIC call centre during the months of the campaigns. Callers included people from all sectors and across the country (even remote, rural areas). The MHIC web site experienced increasing traffic, from around 12 000 hits in October 2002 to 14 500 in March 2004.

MHIC has also received external validation: in 2003-4 the organization received international financial backing from the European Dana Alliance for the Brain and in 2002 received the Science in Africa Organisation of the Month award in recognition of its work.

# DISCUSSION

## CAMPAIGNS

HIV/AIDS is the biggest healthcare issue in South Africa (Bradshaw et al, 2003), and has huge implications for mental health.

MHIC's BAW programme has incorporated a variety of academic, research and health professionals in its education sessions. Key messages are that neuropsychiatric complications are associated with HIV/AIDS and that treatments exist for co-morbid disorders such as depression.

Trauma is a particularly important issue for South Africa, given the past political and current criminal and domestic violence. Both awareness and educational campaigns have worked extensively with the media to instruct the public about trauma and post-traumatic stress disorder. Health care professionals received expert training on recognising and managing trauma-related conditions. Both campaigns have consistently promoted the Bathuthuzele Youth Stress Clinic, which offers a free service to young people in the Western Cape exposed to trauma.

Both campaigns played a vital role in educating the public and professionals about mental disorders. This contributed towards ongoing efforts to de-stigmatize mental disorders and promote mental health in South Africa. The extensive national media coverage meant that a large number of South Africans (from school children to those in retirement homes, and rural towns to under-resourced urban communities) had access to mental health information.

## EVALUATION AND IMPACT

The media teas proved an excellent method to focus media attention on MHIC's public awareness campaigns. The resulting local and national media pieces launched the campaigns, kept the public updated on activities, and guaranteed excellent public attendance.

Media involvement has strengthened with each year's campaigns. Relevant, accurate and in-depth reporting is an invaluable means of dispelling myths regarding mental illness, reducing stigma and indicating available mental health resources. When journalists are recognized for their valuable contributions through media awards, and when they receive reliable and expert information in press releases, they are more likely to become an ally in public awareness campaigns. It is also more likely that journalists will approach reliable sources for information and referrals throughout the year.

An important lesson learned has been that by combining entertainment with education the public is more likely to show interest, participate in activities and learn from the experience. An example is the national mental health film festival, where a larger public could be made aware of anxiety disorders and its associated stigma.

Encouraging audience members at talks to ask the experts about their work diminished the gap between professional and layperson. By freely offering their expert knowledge to the public in a non-clinical setting, specialists were seen as accessible and passionate about their fields of interest.

The art competition was an excellent method to reach younger children. Art teachers, school principals and parents participated with enthusiasm. Future campaigns will send information earlier in the year for inclusion in school curricula and announcement in school newspapers.

More work needs to be done though to reach poorer communities and those with limited or no professional mental health resources. Pooling resources and collaborating with other mental health organizations can help to achieve this. Improving access remains one of MHIC's priorities.

## FUTURE PLANS

MHIC continues to run national education and awareness campaigns twice a year, although professional education and follow-up to the campaigns take place all year. Future programmes will be extended to reach more sectors, particularly more remote geographical areas, under-resourced communities and workplaces. Concerted efforts will be made to address key issues relevant to South Africa, particularly HIV/AIDS and trauma. Research will be undertaken to evaluate mental health literacy in South Africans, so that future programmes can address appropriate gaps in knowledge.

Methods currently being explored to achieve MHIC aims include greater use of existing structures such as the national departments of health and education, advocacy groups with a national structure and the Internet. The 2004 BAW campaign included live Internet discussion groups led by a mental health professional. Self-rating screenings for the major psychiatric diagnoses were hosted on a popular health site, with links to appropriate professional resources for follow-up or further information. Both these sites proved to be very popular and successful in reaching patients across the country.

The National Mental Health Media Awards will be expanded on request from the media community to include self-nominations. This step underscores the success of the awards in maintaining media attention and sustaining sound working relationships, and motivating responsible reporting on mental health issues. It is important for mental health professionals to make optimal use of the media in order to promote mental health literacy, and to encourage early diagnosis and treatment.

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# The Perinatal Mental Health Project

## A women's mental health programme in Cape Town, South Africa[1]

**Simone Honikman[2], Hilary Rosenthal, Sheila Faure, Bea Wirz, Shelsley van Zijl, Marianne Littlejohn, Nils Bergman, Sue Fawcus and the midwives of Liesbeeck Midwife Obstetric Unit**

## INTRODUCTION

In Khayelitsha, an impoverished periurban settlement on the outskirts of Cape Town, the prevalence of postnatal depression is 34.7% (Cooper et al, 2002). This suggests the considerable social and mental health problems that exist in communities where basic needs remain unfulfilled. This figure is almost three times the 10–15% prevalence quoted for developed countries (Warner et al, 1996).

The risk factors associated with perinatal mental health problems are endemic in this setting. These include recent stressful life events; adolescent pregnancy; HIV infection; domestic violence; rape; lack of emotional and logistical support by a partner; and previous mental illness, particularly in the perinatal period (Tatano Beck, 1996).

The long-term effects of maternal postnatal depression on the infant are well documented. They may be persistent and severe and include an increased risk of child abuse. Negative effects on the infant's social, emotional and cognitive development will affect school performance and can contribute to behavioural problems and long term mental health problems (Spinelli, 1998).

Antenatal maternal anxiety has been associated with a range of medical complications of pregnancy including premature delivery, low birth weight and alterations of brain development and child behaviour, often resulting in short attention span and hyperactivity (O'Connor et al, 2003).

The importance of screening for mental disorders in the antenatal period was highlighted by the most recent Confidential Enquiries into Maternal Deaths in the United Kingdom (Lewis, 2001). This report documents suicide as a leading cause of maternal mortality. In the vast majority of these deaths, there were signs of the mothers' emotional distress during the antenatal period (Lewis, 2001).

Impoverished communities, most at risk of perinatal mental disorders, can least afford these outcomes.

## AIM OF THE PROJECT

The Perinatal Mental Health Project aims to provide a holistic mental health service to pregnant and postpartum women at the Liesbeeck Midwife Obstetric Unit (LMOU) at Mowbray Maternity Hospital, Cape Town.

To achieve this it hopes to identify women at risk of, or currently suffering from, perinatal mental distress. These women are offered professional counselling. The objective is to prevent or alleviate symptoms and to improve the sequelae of perinatal mental health disturbances for women, their infants and communities.

## METHOD AND DESIGN

### ANTENATAL SCREENING

At the second antenatal visit, midwives at the LMOU obtain informed consent from all clients prior to performing mental health screening. Two self-administered questionnaires are used:

- the internationally validated Edinburgh Postnatal Depression Scale (EPDS) (Cox, Holden & Sagovsky, 1987; Eberhard-Gran et al, 2001);

[1] Perinatal Mental Health Project, Liesbeeck Midwife Obstetric Unit, Mowbray Maternity Hospital, Hornsey Road, Mowbray 7700, Cape Town, South Africa.
[2] Correspondence address: Perinatal Mental Health Project, Liesbeeck Midwife Obstetric Unit, Mowbray Maternity Hospital, Hornsey Road, Mowbray 7700, Cape Town, South Africa. E-mail address: simonehonikman@new.co.za

- a Risk Factor Assessment (RFA) tick-form designed for this Project.

Scores are calculated by the midwives, and if the results are above a certain level (EPDS ≥ 13 or RFA ≥ 3), women are offered counselling with one of three professional volunteer counsellors who attend the unit weekly. The counsellors may, in turn, make referrals to a psychiatrist who also offers a weekly clinic at the unit. All staff adhere to a strict confidentiality protocol.

## POSTNATAL SCREENING

The postnatal clinic operates in the morning and is available to women who have delivered at Mowbray Maternity Hospital within the past 14 days. One nursing sister staffs this clinic. Screening in the postnatal clinic is selective and occurs on an ad hoc basis, but otherwise follows the protocols used in the antenatal clinic.

## OUTREACH ACTIVITIES

Training workshops in perinatal mental health are currently held for staff at each of the other six obstetric units in the Cape Town region. The 4-hour interactive seminars focus on the following:

- professional self-awareness;
- the risk factors, symptoms and consequences of perinatal mental disorders;
- basic counselling skills, referral strategies and resources.

Preliminary feedback analysis has revealed that these workshops are very well received. Previously staff have been given little training in this area and they have requested that the seminars continue.

The Perinatal Mental Health Handbook – a resource for health workers in maternal care was developed by Simone Honikman of LMOU and Liz Mills of the Post Natal Support Association of South Africa. It is designed to complement the training workshops and to act as a permanent resource for staff. It provides an overview of perinatal mental health topics and includes chapters on counselling skills, screening, setting up a community support network, referral techniques and the referral resources that are available.

## RESULTS

The following summary refers to the period from the beginning of the Project on 12 September 2002 to 29 February 2004.

## ANTENATAL SCREENING

- 830 antenatal clients were screened, representing 52% of the LMOU clientele. This is an average of 2.4 women screened per working day at the unit.n Approximately one quarter (24%) scored ≥ 13 on EPDS and one fifth (21%) scored ≥ 3 on RFA. The median EPDS score was 8 and the median RFA score was 1.

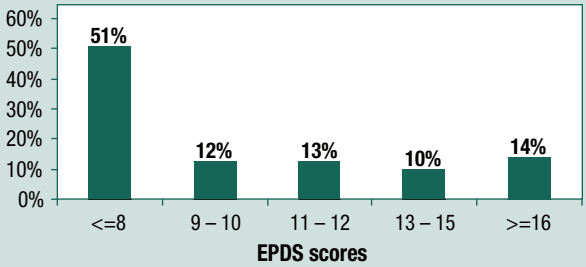
Figure 1 shows the EDPS score range of women screened, and Figure 2 the RFA range.

## POSTNATAL SCREENING

- The number of postnatal clients selected for screening was 72. Of these, 42% scored ≥ 13 on EPDS and 19% scored ≥ 3 on RFA.Counselling
- Counselling consisted of brief psychotherapeutic interventions, mainly in single sessions. The focus was more prophylactic than crisis-driven. Objectives and therapeutic techniques varied according to the needs of individual clients.
- 382 antenatal clients were referred for counselling, and 240 sessions took place (15 sessions per month). There was a default rate of 38% for counselling.

## FIGURE 1. EDINBURGH POSTNATAL DEPRESSION SCALE SCORE RANGE


## FIGURE 2. RISK FACTOR ASSESSMENT SCORE RANGE



- Counselling sessions revealed the following recurring problems: traumatic bereavements; unstable or destructive relationships with partners; teenage pregnancy; previous history of depression; previous pregnancy loss; HIV positive status; traumatic birth syndrome; and social environment problems.

## PSYCHIATRY

- The psychiatrist saw 31 clients. Most were seen at least four times.n A major depressive episode was diagnosed in the majority of cases. Other diagnoses included co-morbid personality disorders; anxiety disorders; Post Traumatic Stress Disorder; and drug or alcohol abuse.
- Most women (25 in total) were prescribed medication (20 mg Fluoxetine). Some were referred for further counselling at LMOU or with specialist organisations for cognitive behavioural therapy, marital therapy or drug dependency therapy.
- Four women were admitted, two to the emergency psychiatric unit at Groote Schuur Hospital and two to inpatient wards at Valkenberg Psychiatric Hospital. The latter were diagnosed with schizophrenia. One of the women had been diagnosed in the past and had lapsed her treatment, while the other was previously undiagnosed.
- The majority of women stabilised well with no relapses in the postpartum period.

## DISCUSSION

The Project was developed by a multidisciplinary group of health workers in response to the need for a perinatal mental health service in Cape Town. The Project has been operating at the LMOU, a relatively well-resourced public health service unit, since September 2002. This Midwife Obstetric Unit (MOU) is one of seven within Cape Town's state-run Peninsula Maternal and Neonatal Service (PMNS).

The Project has had an impact on many different levels. Raising awareness through the sensitization of Project staff, and other staff within PMNS, to perinatal mental health issues has had a notable impact. A greater number of referrals are being made to mental health professionals both within the Project and in the wider public health system. Non-governmental organisations offering counselling and legal or logistical support have been more frequently utilised.

Project Counsellors have reported that the majority of their clients responded very well to a brief counselling intervention of one or two sessions. Studies are required to formally assess the impact of antenatal counselling on women during the postnatal period. However, multiple interdependent variables will make it difficult to distinguish mental health outcomes related to women's experiences of the Project from external life circumstances. Qualitative research into experience of the Project showed high levels of satisfaction with the service among staff and clients.

Psychiatrists linked to the Project report that most antenatal clients were well stabilized prior to their delivery dates, and that there was no re-emergence of symptoms in the postnatal period.

At present, the possible extension of the Project to other MOUs and hospitals within PMNS is being considered. To succeed, significant challenges associated with developing primary-level mental health projects in low resource settings must be overcome.

There is a significant need for a mental health service at LMOU. A large proportion of clients have multiple risk factors and EPDS scores indicating emotional distress.

Even well-resourced obstetric units, such as LMOU, have difficulties in screening an adequate number of women. Conflicting service priorities, combined with a lack of awareness and training amongst staff, contribute to this difficulty. A simple, unambiguous screening tool which is validated for the local setting is needed.

More counsellors are also needed to expand the service to include regular screening and counselling of postnatal clients. Funding is required to remunerate counsellors, who are volunteers at present. This should attract more professionals and assist with continuity of care. Attention must be paid to referral technique in order to minimise defaulting. Clients' personal constraints such as lack of income, difficulties with employers or transport costs are thought to contribute significantly to the default rate.

## FUTURE PLANS

The future of the Project hinges on two issues; operational improvements and the procurement of funding to enable the development of referral resources, training and research.

## OPERATIONAL IMPROVEMENTS

- Increase screening coverage of the obstetric population by raising awareness and motivation among staff;
- Decrease the default rate for counselling by booking a clinical appointment at the same time as the counselling session, and by ensuring the client is motivated to attend;
- Ensure better follow-up of women in the postnatal period.

## FUNDING

- Roll out of the Project to the whole PMNS requires recognition of PMHP as a long-term programme requiring substantial capital input.
- Funding would include salaries of counsellors, administrators in each obstetric unit and a project coordinator.
- Fundraising activities have begun.

## TRAINING

- Ongoing perinatal mental health training for PMNS nursing staff is planned.
- Training of other health professionals, including day hospital personnel, obstetric doctors, medical students and baby clinic staff is also planned.
- It is hoped that a publisher may be found so that the Perinatal Mental Health Handbook may reach a greater audience of health workers. This would greatly assist in training and support for health workers in remote areas.

## RESEARCH

- Two psychology students are currently using qualitative methods to evaluate the project.
- Future plans are underway to evaluate quantitatively the efficacy of screening and counselling interventions.
- Collation and publication of data generated from the Project is planned (to be submitted to South African Medical Journal)
- Other interventions e.g. massage, Kangaroo Mother Care may be evaluated.

## ACKNOWLEDGEMENTS

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# Helping to Grow

## A school health programme in Madrid, Spain[1]

Benitez Robredo MT[2], Sanchez Diaz M, Sanchez del Aguila F and Municipal Health Centres Programme Teams

## INTRODUCTION

In most countries, school health has a long and varied background. Traditionally, schools have been used only for making physical examinations, for example of eyes, ears, or teeth. However, in recent years, the need for a more comprehensive approach has been recognised. New social, political and economic dynamics have led to more innovative strategies aimed at making school life an opportunity for human development, peace and equity. These have included the updating of health services, retraining of teachers and increased participation by students, parents and the community.

The World Health Organization's Global School Health Initiative aims to make schools a place in which to form future citizens who will take care of their own and their families' health, and take responsibility for protecting their environment. The health and education sectors join forces in these schools to encourage healthy habits and self-esteem by promoting a healthy school environment.

As a result of the changing needs of today's society, the City Council of Madrid has been running a Health Promotion in Schools programme for several years. Aware that educational work with parents is crucial for health promotion, it set up the Helping to Grow parental education programme in 1998.

## AIM OF THE PROGRAMME

The programme's overall aim is to improve the health of school children by promoting the acquisition of healthy habits in a way which involves the entire school community.

This is achieved through the following objectives:

- provide information to parents on the development and care of their children at Nursery and Primary ages;
- offer parents a space for reflection where they can receive information, express their concerns and seek solutions;
- support teachers in their task of encouraging healthy habits and attitudes.

## METHOD AND DESIGN

The programme is designed for parents of children in Nursery Education (3 to 6 years old) and Primary Education (7 to 12 years old).

Thirteen Municipal Health Centres covering all city districts are involved in the programme. Each Centre has a multidisciplinary team composed of paediatricians, nurses, general practitioners, psychiatrists, psychologists, social workers and health-care assistants. In total, 40 health-care professionals work on the programme, with an average team of three at each Centre. In addition, a coordinating team comprising a paediatrician, nurse and child psychiatrist provides training support to these professionals on a continuous basis.

The programme is offered to district schools, and consists of workshops held at the school. Parents are invited to attend and asked to confirm their participation and give any suggestions, or give their reasons for not attending, prior to the event. A brochure with guidelines for parents is enclosed with the letter. One workshop is held for the Nursery Education stage and another for the Primary Education stage. Each workshop offers a minimum of three 2-hour sessions.

[1] Public Health Service, City Council of Madrid.
[2] Correspondence address: Pza de la Cancilleria, 7, 28008 Madrid, Spain.
E-mail address: ninoyescolar@munimadrid.es

A short summary of session content and methodology is given below.

## SESSION 1: PSYCHOEVOLUTIONARY DEVELOPMENT

The objective of this workshop is to understand a child's reality, and how the child thinks and acts within it. The professional leading the group presents information on the main characteristics of the psychoevolutionary stage, supported by slides or transparencies. Participative discussion through discussion of opinions, experiences and ideas is encouraged. Information is not contributed solely by the group leader, but by the participants themselves.

In this first session the following topics are considered:

The idea of growing:

- the holistic viewpoint – growth not restricted to childhood

Characteristics of children 3 to 6 years old:

- autonomy
- family – model and identification
- the Why? age
- socialisation
- playtime – a school of life
- different versions of reality – magic thought, alternate time conception, egocentrism, the NO period

Characteristics of children 7 to 12 years old:

- the age of reason – a time of great capacity for acquiring knowledge
- family – model and refuge
- importance of school and the teacher
- importance of friends
- shared games

Importance of communication:

- an aspect of the parent – child relationship with great influence on family atmosphere
- communication – factors favouring communication
- the importance of non-verbal communication.

## SESSION 2: PHYSICAL DEVELOPMENT AND HEALTHY HABITS

The session begins with the analysis of one case demonstrating aspects of a family's daily life such as eating habits, rest, the relationship and communication between family members and family organisation. This case is intended to encourage discussion of these habits among participants.

Participants form small groups, each of which is given a written story and asked to answer questions about it. After discussing the story within the group, a speaker is chosen to present the group's analysis to all participants. Each individual is given a copy of the work their group produces, to reinforce their learning. The session concludes with a talk by the professional leader on the main characteristics of physical development in both stages (from 3 to 6 years old and from 7 to 12 years old), focusing on hygiene, nutrition, sleep patterns, leisure time and activities, health examinations and accident prevention.

The objective of this session is to encourage the development of healthy habits. These habits are acquired and reinforced during childhood, when parents are the child's main role model. As such, parents should help their children acquire autonomy and independence, enabling them to participate in decision-making and ensuring they take on responsibilities in line with their age.

## SESSION 3: RELATIONAL ASPECTS

This workshop considers the concepts of self-esteem, authority and limits, and decision-making. Each of these subjects is reviewed using situation analysis. The methodology is similar to that used in Session 2, but here the whole group works together. Very short situations are presented, giving examples that can be found in the daily life of any family. These situations can be read or dramatised through role-play.

# RESULTS

The professional team uses direct observation to assess the workshops and also asks all participants to evaluate them. Participants complete an opinion survey in which the content covered, clarity of presentation, materials used, the general interest of the course and the usefulness of the brochure are scored on a scale of 0 to 5. The questionnaire also contains open questions to allow participants to give their opinion more fully. They are requested to give suggestions for improvements and are asked whether they would recommend the workshop to other parents, or be interested in participating in family guidance courses.

The results obtained in the evaluation are entered in a database and analysed using the SPSS 10.1 statistical package. Traditional indices (mean, range, standard deviation, etc.) are calculated for quantitative variables and the absolute and percentage frequencies for qualitative variables.

Between 1998 and 2003, this programme was offered to 350 Nursery Education (NE) schools and 167 Primary Education (PE) schools. The parents of 34 238 NE students and 29 429 PE students were invited to attend Helping to Grow workshops. Table 1 shows the workshops carried out in Nursery and Primary Education, and the number of parents who attended.

## TABLE 1. HELPING TO GROW WORKSHOPS HELD AND NUMBER OF PARENTS ATTENDING

| | PARENTS ATTENDING | | | | | |
|---|---|---|---|---|---|---|
| COURSE | 98/99 | 99/00 | 00/01 | 01/02 | 02/03 | TOTAL |
| **NE Workshops** | 67 | 63 | 38 | 45 | 43 | **256** |
| **NE Parents** | 1 293 | 1 024 | 721 | 645 | 645 | **4 326** |
| **PE Workshops** | 0 | 14 | 42 | 42 | 22 | **120** |
| **PE Parents** | 0 | 328 | 930 | 903 | 362 | **2 523** |
| **Total Workshops** | 67 | 77 | 80 | 87 | 65 | **376** |
| **Total Parents** | 1 293 | 1 352 | 1 651 | 1 546 | 1 007 | **6 849** |

NE, Nursery Education; PE, Primary Education.

It should be noted that the number of schools does not equate to the number of workshops, because in some cases more than one workshop was held in a school, and in others several schools were grouped together for a single workshop. There was an average participation of 17 parents per workshop with a mother:father ratio of approximately 10:1. The average percentage of parents attending the workshops was 10.9% for Nursery Education and 6.8% for Primary Education.

No differences were found between the nursery and primary stages in the average scores obtained in the 4 722 questionnaires collected. The results were as follows.

- Usefulness of the brochure: 4.2 (range 2.8 to 5 and standard deviation of 0.47).
- General interest of the workshop: 4.6 (range 3.7 to 5 and standard deviation of 0.32).
- Usefulness of contents in relation to participants' task as parents: 4.4 (range 3.6 to 5 and standard deviation of 0.32).
- Clarity of content presentation: 4.6 (range 3.3 to 5 and standard deviation of 0.33).
- Value of the materials used (transparencies, cases, etc.): 4.2 (range 1.3 to 4.8 and standard deviation of 0.59).

The first open question asked what participants considered the best aspect of the workshops. Most emphasized the possibility of exchanging opinions and experiences with other parents, as well as the opportunity to discuss such topics in the presence of experts. Many parents also highlighted the interest and clarity of the topics considered.

As for aspects with room for improvement, some participants requested more time, and asked for the workshop content in writing or with bibliographic support. As a rule, it was not felt that any information had been left out, although several participants requested further information on various topics. The most frequently requested subjects were adolescence, separated parents, couple relationships and sibling jealousy. Some parents also wished for individual advice on their problems. Finally, suggestions to improve the workshop included extending the scope to include other age groups, above all adolescence, and some regretted that more parents had not attended.

98.5% of participants said they would recommend the workshop to other parents and 78.7% declared that they would be interested in participating in family guidance courses.

## DISCUSSION

The experience gained from many years of working in schools was used to design and start up the Helping to Grow programme and this was complemented by further training in psychoevolutionary aspects of development, learning from current research within the fields of psychology and education. Advanced training in working with groups was also given and a semi-structured programme was designed to ensure the overall homogeneity of interventions by the various working teams.

The basic principle of the programme is that the family environment is of primary importance in forming healthy lifestyles and that these lifestyles can influence, to a greater or lesser extent, the growth of children (in physical, psychological and social dimensions) as well as that of the parents themselves (when growth is considered as a dual process in which both parents and children are involved). Aid in understanding this integrated growth model was sought in various disciplines such as psychology, sociology, education and medicine.

Professional sectors involved in the prevention of mental disorders, drug abuse and risk behaviour problems increasingly emphasise the need to strengthen protective factors and there is widespread agreement on the fundamental role played by the family in providing the child's first and most important social environment. Consequently, as a fundamental measure for non-specific prevention there is a need to set up programmes that support parents while they raise their children.

## FUTURE PLANS

The results obtained from Helping to Grow show that parents have an excellent opinion of the programme and that they consider it useful for educating their children. We plan to extend the programme to other developmental stages – specifically, the first three years of life and adolescence – and we are now working to achieve this goal.

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# Open to a mentally healthy life

## Working with adolescents in Zaragoza, Spain[1]

**Francisco Galán Calvo[2], Margarita Lambán Campillo, Margalida Gost Ballester, David Paumard Oliván, Mª Pilar Moreno Palacios, Miriam Gracia Laguna.**

## INTRODUCTION

This programme was created from formative sessions with young volunteers at the Rey Ardid Foundation. During these sessions, an information gap about subjects related to mental health in young people was noticed.

There are two factors connected to mental health: internal factors, related to the individual's own nature; and external factors, comprising all cultural and social factors which influence the individual's abilities. Adolescence is a time at which these factors have a high impact, as it is a time of formation when people are highly receptive to knowledge. Special attention must therefore be paid to the assimilation of habits and attitudes during adolescence.

Educational work with adolescents must stress the individual's own strategies to face and solve problems. It must also activate the student's solidarity and ability to form a positive attitude in accepting a "different" person. It must be remembered that schools have an advantage in this area, as they work extensively with homogeneous age groups. For this reason, schools are the most suitable location to educate adolescents in mental health.

## AIM OF THE PROGRAMME

The main aims of the programme are as follows.

- To make young people responsible for their mental health, and motivate them to adopt the most appropriate attitudes to improve their mental health.
- To involve young people, their families and teachers, and professionals belonging to medical and social organizations in order to promote mental health within schools.
- To support the young people's educational process from both medical and social perspectives.
- To promote values such as solidarity and acceptance of difference.

All these aims work in an interrelated manner, with each goal supporting the rest. In this sense, the development of one single aim directly promotes the attainment of all the others. In consequence every goal in the programme is intended to be promoted in a joint and combined way.

## METHOD AND DESIGN

This programme for promoting awareness of mental health issues was produced by a group of volunteers belonging to the Rey Ardid Foundation, a nongovernmental organization. The volunteers were from the fields of social work, medicine, nursery provision, teaching and psychology. The variety of people involved gave a range of experiences and perspectives to the group, while still working to attain the common goal of creating an active attitude towards the difficult situation of accepting a mental illness.

In order to design this programme, the volunteers developed a project exploring different aspects of the problems related to mental health and its influence on teenagers. This project is based on the pragmatic model

1 Foundation Ramón Rey Ardid, C/Guillén de Castro 2-4, 50018 Zaragoza, Spain.
E-mail address: fundacion@reyardid.org
2 Correspondence address for all authors: C/Pablo Iglesias 40-42, 50018 Zaragoza, Spain.
E-mail address: csocial@reyardid.org

of medical education, and includes not only opinions, feelings and good intentions, but also when, where and how to take action in mental health questions.

The project is divided into the following units:

- Education for mental health
- Activities and norms for a healthy lifestyle
- The mental illness
- Conflicts during adolescence
- Schizophrenia
- Neurosis
- Eating disorders
- Resources for mental health
- Volunteering – how can we help a person with mental illness?
- Methodology and advice for the teacher.

From these foundations the volunteer group produced audiovisual materials based on comics, which work as the base from which units are explored. The visual language of comics is familiar to teenagers and is easy for them to relate to. These comics are complemented by educational activities, using codes familiar to the teenager, such as comics or music. The use of this kind of material motivates and involves the young person with the subject. The students, in cooperation with the group of volunteers, have also developed their own materials.

The methodology used in this project can be grouped into five different sections: exposition, discussion, implication, collective solving of the question and behavioural methods. This way of working, with collective games, allows the group to establish guidelines around the ten units of the project.

This process of awareness-raising and prevention was developed by teachers, volunteers and patients of the Rey Ardid Foundation, with the cooperation of mental health professionals for certain activities. The entire programme is developed within the framework set out by UNESCO (Recommendation 63 to the Education International Office on 14 July 1967). This recommendation is addressed to every education and health ministry of the world, and states that health education must be carried out jointly between health and education departments.

Originally, the project was developed as a pilot in a Spanish Secondary School (Instituto de Enseñanza Secundaria) in Zaragoza. This process was highly useful in order to analyse the methodology used and the environmental conditions impacting on the project, which allowed the development of the project in other similar groups.

When the project is initiated within a school, students of 14 and 15 years old form four groups of 25 students each. The students are from the same class, so a previous relationship exists among them. All students taking part in the project are evaluated twice, at the beginning and end of the project. This evaluation is made through a questionnaire which asks for students' opinions of mental illness in the three areas of cause, description and treatment. Altogether 600 questionnaires have been completed so far.

## RESULTS

This project has been carried out every year between 1998 and 2004, in four secondary schools in Zaragoza. In total, 28 groups comprising 640 teenagers have taken part. In addition, 126 educational activities have been organized and arranged by 50 volunteers and three professionals from the Rey Ardid Foundation, together with 10 teachers.

The results obtained from the questionnaires reveal a certain ignorance of the students on mental health issues. Despite the familiarity of the students with the topics of the project, and the good command they have of technical vocabulary, students often use pejorative idioms such as: "No way", "Don't even dream about it", "You are paranoid" or "You are delirious". The results obtained also show a relationship between those affected by a mental illness and the characteristic problems of adolescence as potential causes of the mental illness.

## DISCUSSION

In the same specific area as this project has been carried out the Club Social has been founded. This is a social club in which the volunteers of the Junior Section of the Rey Ardid Foundation promote the interaction of young people with people who have mental disorders. This interaction is made through leisure and spare time activities.

The aims of this programme have been attained through the following:

- the continuity of this project
- the high demand for the project from schools;
- the identification of students with the project, established through the active and participative nature activities.

Key to the success of this programme is the collaboration of mental health professionals, patients, their relatives and professionals such as teachers who are not normally in direct contact with people who have mental disorders. This combination of people working together has enriched the project.

The main impact of this programme is the raised awareness of young people regarding mental health problems, and their realization that mental illness may be a reality near them. Being aware, young people will show solidarity with people with mental illness, by participating in volunteer associations such as the Rey Ardid Foundation.

## FUTURE PLANS

The present project has been extended to more groups within schools, as well as being extended to other sectors, such as women and elderly people, by adapting the methodology and contents.

In a similar way, the project has been carried out in locations which give opportunities for working with young people in a situation of social risk, such as the Legal Treatment Centre, a residential organization for adolescents in legal trouble. The project has also been used in youth Centres in Zaragoza.

# Public Awareness Training Programme

## Interpersonal relations and psychosocial well-being awareness in Kocaeli, Turkey[1]

**Bulent Coskun[2], Aysen Coskun**

## INTRODUCTION

The meetings which eventually became the Public Awareness Training Programme started shortly after the earthquake on 17 August 1999 in Kocaeli, Turkey. In addition to over 17 000 deaths (official figure) and twice as many wounded, more than 100 000 people were displaced and spent months in tent cities or later in temporary prefabricated settlement areas.

A Psychosocial Solidarity Unit was established three days after the earthquake by Kocaeli University staff. In addition to treatment services for people experiencing mental disturbance, public meetings were held which mainly focused on interpersonal relations after the disaster.

To begin with, the main subjects of the meetings were the normality of reactions to the abnormal situation, coping with loss, coping with new ways of living, different aspects of solidarity and feelings of grief and loneliness.

As time passed the subjects of the meetings changed together with their location. After about a year the main topics were interpersonal relations and the psychosocial well-being of individuals and families. While the first meetings were carried out at the tent cities once or twice a week, later a cinema hall or conference rooms were used with preset times and themes for discussion.

Meetings were not organized as formal debriefing sessions nor were they aimed any other specific group therapy activity. The number of people attending to these meetings varied from 10–20 to 50–70, and later there were meetings with more than 100 participants. People attending the first meetings, who were mostly women, usually knew one another. When they were talking about their daily problems it was observed that sometimes too many details were being disclosed, some of which might risk causing further familial conflict. As a solution to this potential problem an innovative approach was found – the utilization of characters from popular television serials as a medium for discussions on common intrafamilial problems.

The Public Awareness Training Programme is carried out through public meetings where interpersonal and intrafamilial relations in the context of psychosocial well-being are discussed interactively through the characters of popular television serials. The visual material these characters provide helps participants to discuss communication problems without having to detail their own problems. This approach of utilizing TV films as a metaphore for awareness training is considered to be different than cinematherapy where main goal is therapy of the individual or the member of the family or the group (Sharp 2002, Dermer 2000).

## AIM OF THE PROGRAMME

The main goal of the Programme has been to create an environment where participants have the opportunity to think over their own choices, their ways of handling daily issues, their automatic reactions to other people and to events. They are encouraged to consider alternatives for all these through a neutral discussion material.

It is hoped that by holding an appropriate forum, participants will:

- improve awareness of their capacities and responsibilities;
- review their communication skills;
- take part in developing programmes related to these issues.

[1] Community Mental Health Research and Training Centre of Kocaeli University, Kocaeli, Turkey.
[2] Correspondence address: Community Mental Health Research and Training Centre of Kocaeli University, PK 222 Izmit, Kocaeli, Turkey 41 000. E-mail address: bcoskun@isbank.net.tr or bcoskun@kou.edu.tr

## METHOD AND DESIGN

The Awareness Training Programme has grown through the last four years and is still continuing to expand. Meetings open to public have been the soil for this development process. For the last two years the meetings have been conducted as outlined below.

After the facilitators (an adult and a child psychiatrist) are introduced, the aims of the meeting are described for the participants as "going through an exercise to increase awareness about emotions, cognitions and choices in order to achieve better communication skills". It is also stated that the facilitators will not intend to give lectures about "the only correct approach" on any issue but that they will try to stimulate general discussion so that everyone will have an opportunity to think over their own interactions. Other rules are also reiterated, such as not giving personal details and avoiding discussions of beliefs and political preferences.

A short explanation is given regarding the theme of the day, and how and why that topic is chosen. Most of the time previous feedback questionnaires are the sources of topics. On some occasions common themes of interest are preferred. During March and April 2003 meetings, for example, war in Iraq was the most important issue of daily life in Turkey. For those meetings topics were the effects of power and conflicts at familial, local and global level, and the common points at different levels were brought to the attention of the participants.

Before starting to watch short sections of the television serials, brief information is provided about the themes and main characters of the television serials for the very few who are not familiar with them. At a certain point the film is paused, and emotions, thoughts and reactions are invited. Alternative scenarios are sought. Role plays are encouraged.

There have been two main expectations of this programme.

1. the improvement of participants' awareness regarding interpersonal relations;
2. the contribution of participants to the improvement of the programme.

Outcome parameters for the first expectation have been limited to the subjective evaluation of the participants. Several participants expressed their overall opinion about the programme on the feedback sheets and sometimes at the end of the meetings during the summing up section. The feedback sheets are also intended for participants to record their criticisms and recommendations regarding the programme, and so fulfil the second expectation.

## RESULTS

One typical example of the relevance of utilizing television characters will be described here. During the meetings no special emphasis was given to the earthquake and the losses everyone had experienced. One character of a very popular television serial is an officer who was fired from his office and sentenced to give back his uniform. After watching a scene where he had strongly emphasized the emotional loss he had gone through by losing his uniform, a participant took the floor and referred to "our" losses after the earthquake.

At that point losses and different ways of coping with them were discussed, focusing mainly on the television character and stressing the importance of being aware of one's emotions, coping mechanisms, choices and consequences of different sorts of behaviour. Several possible alternative behaviours and reactions were debated.

It is left for participants to draw their own conclusions from the discussions. Individual problems are not discussed at all, but all the participants are informed that whenever they needed individual assistance they could receive it at the University's Psychiatry Department. It was observed that at least some of the outpatient applications to the Department were motivated by the Public Awareness Training Programme.

Participants are asked to assess the personal benefits, if any, of the Programme. In addition, they are encouraged to assess, criticise and contribute to the content and process of the Programme. It is not at all easy to see how the meetings affected the participants' daily life, especially in objective terms, but the feedback sheets have been very helpful for their evaluation of and contribution to the Programme. Most of the participants took on the responsibility of offering their criticism and recommendations. The most recurrent comments have been requests to increase the length of discussions and organize similar meetings more frequently

There is one particularly important question about what had remained in participants' minds at the end of a meeting. The relation of the "recalled sentences" to the meeting's theme has been one of the most important elements of feedback. On some occasions unexpected messages would appear on the feedback sheets, on which further discussion could be arranged for the next meeting.

Participants were asked to leave their name and telephone number if they wished to be informed about other similar activities. More than 80% of participants left contact details in order to stay in touch with the Community Mental Health Centre .

## DISCUSSION

Since the development process of the Programme still continues it is not possible to say whether the goal of the Public Awareness Training Programme is fully achieved, but the level of contribution by participants is so encouraging that there is more than enough motivation to work on and improve the Programme.

There were times when the Programme seemed unsuccessful, at the very beginning when the number of participants was so small. Later it was concluded that there might have been multiple reasons for this such as other daily priorities (shelter, food, work), too many intrusive psychological investigations – what was known as "over psychologization" (many academics were in the tent cities with pens and paper for research purposes) – and finally the necessity of building a programme together with participants had not been realized; the meetings were originally for them not with them. The impact of the Programme is mainly limited to the Kocaeli area with occasional events at national level. Through this programme, local media have become more interested in mental health issues. Local newspapers and two local television channels demonstrate a growing interest in reporting the meetings.

There has also been national reflection on the Programme. TRT 2 (one of the television channels of Turkish Radio Television, broadcasting on cultural issues) invited facilitators of the Programme together with stars of one of the popular television serials used in the meetings to a discussion where innovative activities were introduced. On another occasion another national television channel invited one of the facilitators to a television forum where impact of popular television serials on the public was discussed. This national exposure has increased the interest of the local population and local media in the Programme.

## FUTURE PLANS

Feedback from participants has stated that "the way they look at the events around them has changed positively", "their relations in the family have improved", "their assessment of the films they watch has changed a lot, that they were noticing many details which they had not been aware of before".

With these and similar feedback messages it is not possible to conclude that what the Programme is doing has made mental health promotion the highest priority for the Kocaeli area, but it would not be incorrect to say that the priority level has increased. There are now plans to find and implement other, more objective criteria, to confirm these observations.

Improved contact with participants outside of the meetings is also planned, in order to obtain their assessment of the impact of the Programme on their daily interactions. Telephone numbers and permission for further contact have already been obtained.

There are plans to use the Awareness Training Programme method with some closed groups, where specifically-designed scales will be used before and after the Programme to investigate whether there are any changes to the attitudes and behaviour of the participants.

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# Mental health information leaflets on the Internet

## A project by the Royal College of Psychiatrists in the United Kingdom[1]

P Timms, M Briscoe, D Hart[2], A Cohen, M McClure

## INTRODUCTION

In every area of health care, patients find it hard to get the information they need to make informed decisions (Coulter et al 1999).

The Royal College of Psychiatrists is the national organisation for psychiatrists in the United Kingdom. It has produced, in paper form, a large number of public information leaflets in the *Help is at Hand* series for more than 10 years. These leaflets were written by members of the College's Public Education Committee, with assistance from other experts in College, and with advice from the College's Special Committee for Patients and Carers.

Titles have included:

- Anorexia and Bulimia
- Anxiety and Phobias
- Bereavement
- Depression
- Depression and Alcohol
- Depression in Older People
- Depression in People with Learning Disabilities
- Depression in the workplace
- Manic Depression (Bipolar Disorder)
- Memory and Dementia
- Men Behaving Sadly
- Physical Illness and Mental Health
- Postnatal Depression
- Schizophrenia
- Sleeping Well
- Surviving Adolescence.

The leaflets were commercially printed in half-A5 format with cartoons. Over 5 million were distributed to the public, family practitioners, psychiatric units, libraries and even funeral directors. Some were distributed by general practitioners, but most were obtained by direct request to the College. Some have been translated into other languages, for example Chinese and Spanish.

In 2001 the College decided that the leaflets needed to be modified to reflect changing views on the presentation of public information. In particular, it was decided to move away from a traditional prescriptive approach to one which emphasised the provision of information to enable clients to make better informed choices. It was also considered necessary to move away from pharmaceutical sponsorship, which had often been essential for printing commercially.

[1] 17 Belgrave Square, London, SW1X 8PG, England. Web site: http://www.rcpsych.ac.uk
[2] Correspondence address: Deborah Hart, Head of External Relations and Information Services, Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG, England. E-mail address: dhart@rcpsych.ac.uk

## AIM OF THE PROJECT

The overall goal of the project was to make information about mental health more widely available to the general public.

The project's aims were therefore:

- to assemble a series of texts addressing important issues in mental health;
- to make these texts available on the Internet;
- to create a system of feedback which would allow targeted revision of the materials in a continuing cycle of quality improvement.

The intended outcome of the project was to provide information perceived by users as:

- readable
- respectful
- useful
- well designed
- worth recommending by word of mouth.

## METHOD AND DESIGN

The establishment of the Royal College of Psychiatrists web site presented the opportunity to:

- distribute information leaflets more widely;
- be independent of commercial sponsors;
- receive direct feedback from readers in a way which had not previously been possible.

An Editorial Sub-Committee was formed to develop a more effective process of leaflet production. This Committee reported back to the Public Education Committee of the College, and consisted of three College members (psychiatrists) and five members of the administrative staff.

The Editorial Sub-Committee:

- identified areas to be covered by the series;
- identified partners;
- commissioned experts to provide the necessary information and advice;
- wrote the text;
- scored the draft using DISCERN (see below);
- obtained feedback;
- identified sponsors;
- considered distribution;
- involved patients and carers ;
- ensured regular review of existing publications.

## THE DISCERN ASSESSMENT TOOL

An assessment tool was needed by which to judge the quality of the leaflets. DISCERN is a 16 item, 5 point scale for rating health information on criteria such as clear aims, presence of references and relevance to patients. It was developed in 1998 from a project funded by the British Library and the National Health Service Research and Development Programme. The aim of this project was to "help health consumers and information providers assess the quality of written information about treatment choices for a health problem".

## READER FEEDBACK

An online mechanism for returning readers' reactions to the College was developed. This provided:

- structured questions through an online feedback form (Figure 1) at the end of each leaflet on the College web site, thus allowing assessment of the leaflet in each of five domains;
- a free text area below the feedback form for unstructured comments.

All feedback forms received between December 2002 and April 2003 were analysed. An overall score for each leaflet was obtained by awarding 5 points for each response of 'strongly agree', 4 points for the response 'agree' and so on down to 1 point for a response of 'strongly disagree'. For all statements except "This leaflet talks down to me", high scores indicated a favourable response. Leaflets were then ranked in order of popularity, using these scores.

## RESULTS

The public information leaflets are some of the most popular pages on the College website, with the most popular having around 160 true visits (as opposed to hits – the number of times the page is accessed) each day. On average each visitor spends about six minutes on a leaflet page. A good response rate has been established for the online feedback tools, with a current rate of over 100 completed feedback forms a week. All the recently revised leaflets are rated at four or five out of a maximum score of five using the DISCERN assessment tool.

Table 1 shows the responses of readers in all five domains. As can be seen, Depression was the most highly rated leaflet, coming first in all five categories. Scores were high across the board, with an average approval rating of over 75%, even for leaflets concerning schizophrenia and eating disorders, where patients often find themselves in conflict with mental health workers. There were never more than 25% of respondents who agreed with the only negative statement of the form, "Does this leaflet talk down to you" for any single leaflet. This information

is reassuring, but also highlights areas for review. For example, since obtaining this feedback, the adolescence leaflet has been rewritten explicitly as A toolkit for parents. It is hoped that this will reduce the score on "Does this leaflet talk down to you". A leaflet purely for adolescents is also being developed.

Free text responses have been similarly positive. Below are some of the comments which have been received.

## MANIC DEPRESSION

*I was struggling to absorb varying information regarding manic depressive. However, after reading this leaflet I gained a better understanding because all of the components were broken down in a logical manner with language that was easy to understand. Thank you for allowing me to have a greater understanding of this problem.*

*I have just recently been diagnosed as a manic depressive. The leaflet explains a lot of valuable information which I will pass onto my friends and family so they may understand my behaviour over the past few years.*

## ALCOHOL AND DEPRESSION

*This leaflet is a rarity. An uplifting and refreshing look at an issue that confronts a lot of people. This leaflet is informative, without leaving the reader feeling demoralised and angry. As usual stepping outside of the USA for news and info proves to be enlightening. Thanks*

## POST NATAL DEPRESSION

*It was as though someone had looked inside my thoughts and put them in writing. A relief to know someone else feels this way.*

## TABLE 1. PERCENTAGE OF RESPONDENTS SCORING "STRONGLY AGREE" OR "AGREE", BY DOMAIN AND LEAFLET

| | | | DOMAIN | | | | |
|---|---|---|---|---|---|---|---|
| RANKING BY OVERALL SCORE | LEAFLET TITLE | Total responses | Readable (%) | Useful (%) | Well designed (%) | Would reader recommend (%) | Talks down (%) |
| 1 | **Depression** | 227 | 89 | 89 | 81 | 82 | 16 |
| 2 | **Manic Depression** | 809 | 89 | 88 | 81 | 82 | 15 |
| 3 | **Bereavement** | 363 | 91 | 91 | 83 | 87 | 9 |
| 4 | **Alcohol & Depression** | 98 | 88 | 87 | 75 | 73 | 14 |
| 5 | **Memory & Dementia** | 154 | 90 | 91 | 83 | 88 | 15 |
| 6 | **Post Natal Depression** | 405 | 91 | 88 | 80 | 86 | 15 |
| 7 | **Schizophrenia** | 206 | 83 | 84 | 73 | 78 | 20 |
| 8 | **Men behaving Sadly** | 151 | 88 | 85 | 74 | 75 | 22 |
| 9 | **Sleep** | 149 | 87 | 84 | 75 | 80 | 18 |
| 10 | **Social Phobia** | 286 | 81 | 80 | 76 | 70 | 22 |
| 11 | **Surviving. Adolescence** | 227 | 81 | 79 | 71 | 73 | 23 |
| 12 | **Eating Disorders** | 1 054 | 78 | 78 | 69 | 70 | 25 |
| 13 | **Anxiety & Phobias** | 536 | 80 | 78 | 73 | 70 | 23 |

### SCHIZOPHRENIA

*Wonderful info. I assist in providing education in a systems management group at the community mhc in Anch. AK. and tindividuals have asked me to help them learn how to educate their families about their illness. Thus occurs to me how little education they have gained about their own illness. This is just what I was looking for- very clear, straightforward and respectful presentation regarding current ideas and knowledge.*

## DISCUSSION

The public information pages of the Royal College of Psychiatrists's web site have been established at a time when the amount of health information available on the Internet is increasing (Theodosiou & Green, 2003). There are many health care web sites, some of which offer excellent information. However, it is thought that there are no similar mechanisms for regularly evaluating and modifying materials elsewhere.

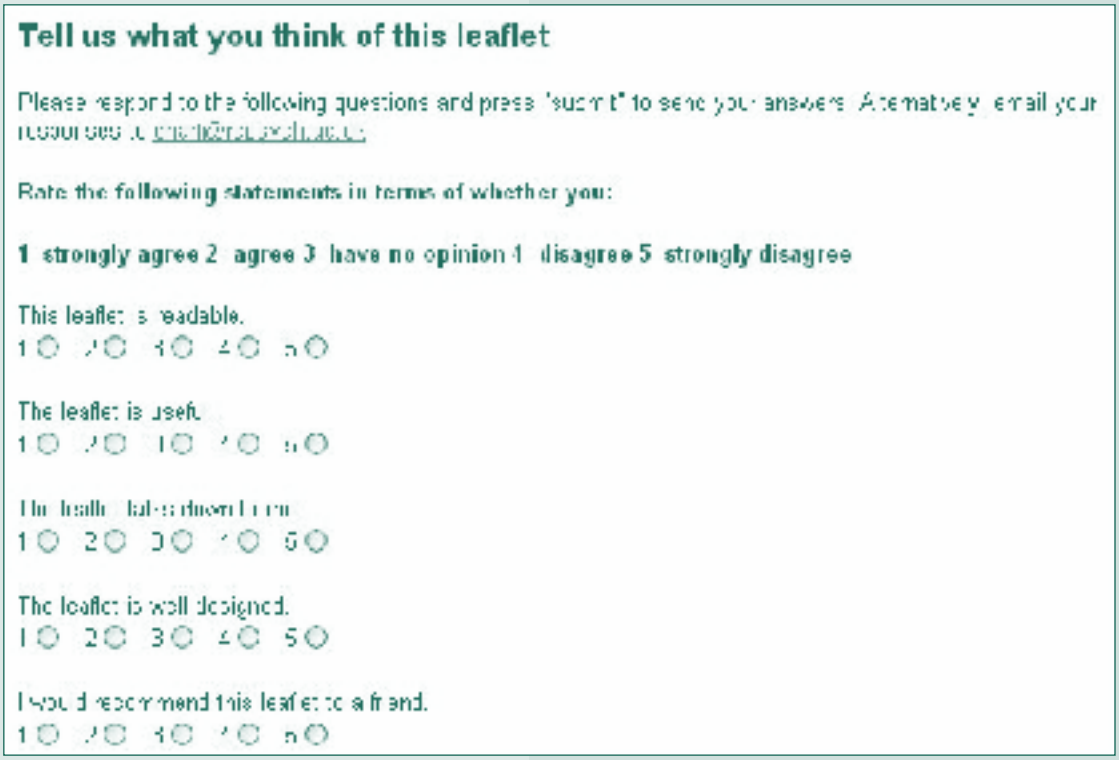
All leaflets were successful. The most highly ranked leaflets generally received "strongly agree" responses, while even the worst rated averaged at "agree" or "no opinion". Only one leaflet had a negative response, and this was on one item only: Anxiety and Phobias under the "Does this leaflet talk down to you" response. Even here, there were a large number of "no opinion" scores.

The feedback forms seem to work well and will continue to be collected. There are also plans to add two further items:

- more detailed identification of the reader (a service user, a carer, a student, a member of the public etc.);
- details of the reader's location, to help identify and quantify the College's global audience.

Lower scoring leaflets are prioritized for rewriting which should result in an improvement to feedback scores. As with any system of feedback, only a self-selected group will choose to use the feedback tool. They may not be representative of the whole group of individuals reading these leaflets on the web site. However, as far as can be gathered, to date feedback has been received from one in every five to seven readers.

### FIGURE 1. ONLINE FEEDBACK SCREEN



Feedback from the web page has demonstrated that it is possible to make a wide range of comprehensible and useful mental health information available directly to the public. The National Service Framework for Mental Health (Department of Health, 1999) lays considerable emphasis on providing appropriate information for patients. It is also widely recognised that such information has historically not been available in specialist mental health settings. Having established the acceptability of the information leaflets through the College's web site, paper versions are now being marketing to all mental health providers in the United Kingdom. Unlike web publication, it cannot be guaranteed that paper leaflets will reach their intended readership. The next step in evaluation of the project will be to ascertain the penetration of leaflets purchased by health organisations into settings where they should be available to patients or clients.

## FUTURE PLANS

This programme has proved successful in relation to the College's target population of English speakers in the United Kingdom. The College would like to build on this to make mental health information accessible to a broader population.

This would be achieved through international distribution of the leaflets, possibly in association with the World Federation for Mental Health and the World Health Organization. The leaflets would be made available for local editorial scrutiny, modification and translation where necessary. Methods of distribution would vary depending whether highly developed countries or those with high need and low resources were targeted, in order to maximise efficiency in use of resources.

The Royal College of Psychiatrists would be willing to provide consultation and assistance in seeking sponsorship for translation of the leaflets. Additionally, the College would be willing to collaborate regarding evaluation of the leaflets in mental health promotion programmes outside the United Kingdom.

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# Zippy's Friends

## An international programme to develop the coping skills of six and seven year old children[1]

Brian Mishara, Chris Bale[2]

## INTRODUCTION

Many societies have neglected children's emotional needs and preferred to concentrate on academic achievement. However, research has shown that academic intelligence has little effect on a child's ability to cope positively with the frustrations and challenges of a rapidly changing society, make strong and lasting relationships, live a happy, fulfilled life, and avoid serious emotional difficulties in adolescence and adulthood (Lazarus and Folkman, 1984). Children need opportunities for learning how to cope with a variety of common difficulties and stressful life events in order to develop into emotionally secure and productive adults (Wolchick and Sandler, 1997).

Research has shown that a person's emotional well-being can be affected by their perceptions of a stressful situation and how competent they are at reacting to it (Humphrey, 1988; Miars, 1995). Successful coping skills correspond to a decreased likelihood of experiencing serious difficulties in adolescence and adulthood, including suicidal behaviour (Spence et al, 2003). Several studies have shown that if young children take part in suitable programmes, their social abilities can be significantly increased and they can learn to cope better (Andreou, 2001; Bijttebier and Vertommen, 1998; Churney, , 2001; Dincer and Guneysu, 1977; Dubow et al, 1993; Grossman et al, 1997; Nelson and Carlson, 1988). Yet most mental health promotion programmes are aimed at adolescents and older children, even though children of that age have already learned their basic patterns of coping and social behaviour. Most programmes for younger children are aimed at preventing specific problem behaviours or are intended for specific high risk groups of children who already have particular problems.

## AIM OF THE PROJECT

Against the background described above, the aim of Zippy's Friends was to develop a programme that would help young children of all abilities and backgrounds, and in many countries and cultures, to expand their range of effective coping skills.

## METHOD AND DESIGN

Zippy's Friends is a programme specifically designed for six and seven year old children. It was developed and perfected over the course of five years, with extensive pilot testing and research evaluating both implementation and effects. It is taught in schools and kindergartens by teachers who have been specially trained, and runs for 24 weeks with one session per week. Over the six months, the programme teaches children how to cope with everyday difficulties, identify and talk about their feelings and explore ways of dealing with them through role play situations. It also encourages children to help others with their problems and to ask for and use help when they are in need.

The heart of the programme is a set of six stories about a group of children and a stick insect called Zippy. Over the course of 24 weeks, the stories track what happens to Zippy and his friends, dealing with issues that are familiar to young children – friendship, communication, loneliness, bullying, dealing with change and loss, and making a new start.

[1] Partnership for Children, 26-27 Market Place, Kingston upon Thames, Surrey, KT1 1JH, England. Web site: http://www.partnershipforchildren.org.uk
[2] Correspondence address: Partnership for Children, 26-27 Market Place, Kingston upon Thames, Surrey, KT1 1JH, England. E-mail address: chris.bale@partnershipforchildren.org.uk

Each session has activities, to reinforce the messages of the stories. Children act out role plays, draw pictures, work with puppets and even visit a graveyard. The emphasis is very much on encouraging children to explore, helping them to find their own solutions and expand their range of coping strategies. Children therefore have more options from which to choose and will learn to master effective means of coping with difficulties. Young children learn through repetition and key messages are reinforced throughout the programme.

Zippy's Friends does not only look at problems and difficulties. It also focuses on strengths, abilities, positive emotions and effective use of support and resources. Instead of highlighting inadequate behaviour, it emphasizes the child's ability to learn, adapt and improve skills. Crucially, the programme fosters coping strategies that involve children's abilities to be helpful and supportive of others. This contrasts with the individualistic focus of programmes that emphasize personal competence over collective involvement. Zippy's Friends underscores the importance of using and giving social support.

When the programme was designed, high technology components were deliberately avoided, in order to keep costs down and facilitate the expansion of the programme to the maximum number of children, regardless of their economic means and those of their school. The aim throughout has been to produce a programme that is also accessible to developing countries.

Great emphasis is placed on teacher training and support. All teachers are required to complete a two day training course. This provides them with an opportunity not only to appreciate the philosophy of the programme but also to experience for themselves the various activities in which the children take part. In addition, support days are organized during the programme and at its conclusion, to bring groups of teachers together to share experiences.

## RESULTS

The programme was developed in the Kingdom of Denmark and the Republic of Lithuania over a five year period and was modified and refined in the light of evaluation studies and feedback from teachers. A major evaluation study completed in August 2001 concluded that the programme had been implemented successfully. Teachers conducted the sessions with few problems, were satisfied with the training they received and felt that the programme achieved its goals. They reported that children enjoyed the sessions and participated enthusiastically in the activities.

Many teachers who taught the programme in Denmark and Lithuania have said that its first and most obvious impact is that children become much better at resolving conflicts. One Danish teacher overheard a playground conversation in which a boy was complaining to two others about their bullying. The bullies then explained why they had bullied him. "I couldn't believe it," said the teacher, "three six-year-olds analysing bullying!"

## DISCUSSION

### EVALUATION

Zippy's Friends has been developed and tested in the contrasting settings of Denmark and Lithuania. More than 20,000 children have completed the programme and the results have been carefully analysed in a series of evaluation studies. The most recent major evaluation was led by Professor Brian Mishara from the University of Quebec at Montreal in Canada and Associate Professor Mette Ystgaard from the University of Oslo in the Kingdom of Norway. The evaluation was completed in August 2001 and was based on data from experimental and control groups in both Denmark and Lithuania (Mishara and Ystgaard, 2001; Bale and Mishara 2004).

The evaluators found that children in the experimental groups showed significant improvements in all the four key social skills that were tested – cooperation, self-control, assertion and empathy. There were clear improvements in coping skills. In both Denmark and Lithuania there was an increase in positive coping strategies such as saying sorry, talking to a friend or telling the truth, and a decrease in negative strategies, such as anger, screaming or biting their own nails. In Lithuania, the evaluators also looked at two problem behaviours – externalizing and hyperactivity – and found that children in the programme showed significant decreases in both, compared to children in the control group.

The evaluators concluded that participation in Zippy's Friends results in significant improvements in coping, social skills and problem behaviours, and they were "amazed" to find that these effects were equally evident in boys and girls.

Two more evaluation studies in Lithuania have assessed the programme's ongoing effects. The first looked at children one year after they had completed Zippy's Friends and found that improvements recorded during the programme were still maintained a year later. The second found that children who had participated in Zippy's Friends in their final year at kindergarten handled the transition to primary school with fewer adjustment problems and more positive experiences than children who had not participated in the programme (Monkeviciene, 2003).

Mishara and Ystgaard concluded their study by saying: "We don't know of another similar programme for young children that has been the object of such a detailed and rigorous evaluation process" (Mishara and Ystgaard, 2001). Most programmes

cannot afford such detailed evaluations and such an extensive process of development and refinement of their activities. In this instance, credit is due to GlaxoSmithKline, which has funded the development and evaluation of Zippy's Friends for the past six years in a particularly visionary example of corporate sponsorship.

## IMPACT

Zippy's Friends tackles many issues that are directly relevant to young children, and different authorities are attracted to the programme for different reasons. For example, the Ministry of Education and Science in Lithuania, which has officially endorsed the programme, believes that the improvements in coping which the programme fosters can help to combat drug and alcohol abuse among young people, while a partner agency in the Republic of India considers that it will help to promote inter-ethnic tolerance. The agency that runs the programme in the Federative Republic of Brazil hopes it will promote resilience in young people, while discussions in other countries are centred on the programme's value in reducing the number of youth suicides.

Although Zippy's Friends is primarily intended to help young children, it also has value for teachers. Many who have run the programme say that it has changed their perceptions of young children, improved classroom communication and decreased disruptive behaviour. Some experts have even commented that the programme's greatest value is as a teacher training tool. Almost all of the schools and kindergartens that have run the programme once have decided to do so again.

Presentations at international conferences have reinforced the view that there is a lack of mental health promotion programmes for six and seven year old children. For this reason, and because it is generic (rather than country specific) and has been thoroughly evaluated, there has been widespread interest in Zippy's Friends. Links are being forged with the World Health Organization's European Network of Health Promoting Schools.

## FUTURE PLANS

The sole aim of developing Zippy's Friends was to benefit as many young children as possible, and the positive evaluation results in different cultures mean that the programme can now be offered internationally. This expansion is coordinated by Partnership for Children, a non-profit-making agency based in England with a mission "to help children and young people, throughout the world, develop skills which will enhance their present and future emotional wellbeing." Partnership for Children does not run Zippy's Friends but instead seeks strong partner agencies which have the capacity to implement the programme with large numbers of children. These partners are typically national or local education authorities, or non-profit-making agencies.

Zippy's Friends is now running in Brazil, Denmark, England, India and Lithuania, and is expanding in all five countries. It was launched in Norway in 2004 and is expected to be launched in Canada and discussions continue with potential partners in another 11 countries. More than 8,000 children successfully completed the programme in 2003-4.

Seven years ago, the idea of developing an effective generic mental health promotion programme for young children in many countries seemed almost impossibly ambitious. Today, Zippy's Friends has been successfully implemented in different cultures and has significantly contributed to improving children's lives. Partnership for Children is now seeking international collaborators to expand the implementation of Zippy's Friends with teachers and children around the world, and to continue the programme's evaluation and improvement.

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# Changing Minds

## Advancing mental health for Hispanics in New Jersey, the United States of America[1]

Henry Acosta[2], Peter J. Guarnaccia, Igda E. Martinez, Debra L. Wentz

## INTRODUCTION

Before the New Jersey Mental Health Institute, Inc. (NJMHI) implemented any direct service programmes, it sought to obtain a clearer understanding of the barriers Hispanics face with respect to utilizing mental health services. The NJMHI designed a plan that would allow for such information gathering and that was inclusive of perspectives from different stakeholders, for example mental health agency administrators, direct service providers, Hispanic people with mental health problems and the Hispanic community as a whole.

This initial project had four main objectives.

1. Through in-depth research, to understand and overcome cultural barriers preventing individuals of Hispanic background from seeking treatment. This process included both an extensive literature review and analysis, and the implementation of NJMHI's own study, which entailed developing surveys to use in field visits. At least 20 mental health agencies were visited in order to meet with administrators to learn of their experiences in providing services to Hispanics. Field visits were made to at least 120 direct service providers for mental health to gather information on their experiences of working with Hispanics in clinical settings. Five focus groups with Hispanics from the four largest Hispanic ethnic groups in New Jersey (Cuban, Dominican, Mexican and Puerto Rican – also the four largest nationwide) took place to assess belief systems, attitudes and barriers to utilizing mental health services.
2. To develop a model mental health programme for Hispanics, incorporating best practices, for mental health agencies and clinicians who wish to attract and retain Hispanics in mental health services that reflect the needs and cultural preferences of the Hispanic population. This model was provided to at least 1,500 mental health professionals nationwide.
3. To create and disseminate a nationwide quarterly newsletter to at least 500 agencies to promote the model, share findings, and enhance interest in and ability to improve mental health services for Hispanics by increasing accessibility and quality.
4. To develop and implement an evaluation plan to assess the effectiveness of the project, including providing a cohort of agencies and clinicians with the model as an evaluative sample.

The project completed all of the above objectives and in December 2003 held a Summit on Improving Mental Health Services for Hispanics in New Jersey. The purpose of the summit was to gather support and consensus from Hispanic mental health providers who have years of professional experience working with Hispanics in mental health programmes. Building on the successful endorsement of the model at the summit, the NJMHI began nationwide dissemination of the model. The model has been well received to date and plans or in effect to pilot the model program at a mental health agency to New Jersey to try to establish the model as an evidence-based practice.

[1] New Jersey Mental Health Institute Inc., 3575 Quakerbridge Road, Suite 102, Mercerville, New Jersey 08619, The United States of America. Web site: http://www.njmhi.org
[2] Correspondence address: New Jersey Mental Health Institute Inc., 3575 Quakerbridge Road, Suite 102, Mercerville, New Jersey 08619, The United States of America. E-mail address: hacosta@njmhi.org

## AIM OF THE PROGRAMME

The primary aim of Changing Minds is to understand the belief systems, attitudes and barriers facing the Hispanic population in need of mental health services, and to implement effective strategies to break down identified barriers in order to address the nationwide lack of access to and the quality of mental health services for Hispanics.

This goal will be achieved through the following objectives:

- in-depth research, (both literature review and collecting data in the field);
- creating a report that depicts a model mental health programme for Hispanics;
- disseminating information in the form of a nationwide quarterly newsletter, training and conference presentations;
- evaluating the programme.

The programme also aims to heighten awareness, understanding and acceptance of those with mental illness among the Hispanic population, and provide them with concrete ways to access professional mental health treatment services.

## METHOD AND DESIGN

The report produced by the 2003 summit was well received. The summit contributed to the NJMHI's efforts to disseminate a model that is nationally and internationally replicable, professionally accepted by mental health providers nationwide, and practical and useful for day-to-day operations of a mental health programme for Hispanics.

Additionally, the NJMHI has been very proactive in educating the general community, decision-makers and elected officials about the disparities that exist for Hispanics regarding access to and the quality of mental health services. These efforts include:

- producing Fact Sheets in English and Spanish on Hispanic mental health issues and disparities;
- producing a brochure in English and Spanish entitled "Learning the Facts about Mental Health", geared to the Hispanic community;
- producing a nationwide quarterly bilingual newsletter highlighting project activities and findings;
- participating in numerous radio, television and print media events;
- participating or presenting at local, state, and national conferences, advisory groups, and coalitions.

These efforts are all aimed at achieving the project's goal of addressing the nationwide lack of access to mental health services for Hispanics, and the poor quality of existing services.

## RESULTS

Thus far, NJMHI has achieved success in several areas.

Decision-makers and key policy makers are more aware of the need to address the disparities that exist in mental health for Hispanics. The Changing Minds Project Director was invited to serve on the National Hispanic-Latino American Agenda Summit's Executive Coordinating Committee, as Chair of the National Summit's Mental Health Issues and Platform Committee. He was also invited to serve on the Governor's Hispanic Advisory Council for Policy Development Initiatives in New Jersey, as the Mental Health Work Group Chair on the Council's Health Subcommittee. Finally, the programme has played a major role in helping to develop the specific recommendations presented by this Subcommittee concerning how New Jersey can improve access to and the quality of mental health services for Hispanics.

There is increasing awareness among mental health agency administrators about the changing demographics of their service areas and the mental health needs of Hispanics. There are a number of new outreach efforts to the Hispanic community, and increased efforts to secure funding for initiatives aimed at serving Hispanics.

The Hispanic community shows increasing awareness and acceptance of both mental illness and services available, as evidenced by an increase in mental health service utilization by Hispanics throughout the state. There has been an increase in print, radio and television coverage on mental health issues by Hispanic media outlets.

Funding has been successfully secured for several new initiatives and intervention strategies aimed at addressing the array of needs identified during the initial project activities described above. These include funding for the creation of a State-wide Directory of Multicultural Agencies, the development of a brochure in English and Spanish on mental health targeting the Hispanic community, increased funding for the NJMHI's Hispanic Higher Education Scholarship Fund (a fund aimed at increasing the number of bilingual and bicultural individuals studying social work), and the introduction and implementation of NAMI's (formerly the National Alliance for the Mentally Ill) Family-to-Family programme in Spanish at nine locations in New Jersey. The latter programme is a 12-week educational programme for people with a mental illness and their families.

## DISCUSSION

At the time of the programme's inception there were no other known programmes in New Jersey or in the United States of America conducting the type of work that the NJMHI wished to develop with Hispanics. Initial programme objectives have

been successfully achieved and efforts continue towards fully achieving programme goals through various newly created intervention strategies aimed at addressing barriers identified during initial project activities. The NJMHI credits this success to persistent educational awareness and outreach to an array of stakeholders, from state government officials to direct service providers, educational institutions, the general population, faith-based organizations and elected officials.

Additionally, success is due to the assistance provided by an array of individuals and organizations throughout New Jersey and USA. These include members of the Changing Minds Project Management Team, NAMI, and stakeholder groups created in nine New Jersey cities where NJMHI is implementing a free educational programme in Spanish for family members caring for a relative with mental illness, in collaboration with NAMI NEW JERSEY.

As noted above, findings to date show an increase of mental health service utilization by Hispanics in New Jersey since the programme's inception. More specifically, findings show an increase in outpatient service utilization and a decrease in crisis or emergency service utilization. The latter often being more traumatic for an individual and family, and more costly to the consumer, their family and possibly taxpayers, this is an encouraging outcome. These findings have been shared with state decision-makers and are included in presentations on project activities conducted by the Changing Minds Project Director at local, state, and national conferences.

## FUTURE PLANS

The NJMHI has been very proactive in securing funding for an array of intervention strategies aimed at addressing barriers identified during the initial project activities. The NJMHI plans to continue implementing activities that heighten awareness, acceptance and understanding of mental illness among the Hispanic population. The organization will also continue to heighten awareness among stakeholders at all levels about the disparities that exist with respect to access to and quality of mental health services for Hispanics, and the critical need to improve service delivery and outreach and education efforts.

The NJMHI is currently in the process of developing a television and print public service announcement campaign geared to Hispanics that will aim to decrease stigma and discrimination about mental illness within the Hispanic community, and encourage individuals to seek professional assistance from licensed mental health professionals. The campaign consists of a 60-second television public service announcement in English and Spanish, which seeks to eliminate myths associated with mental illness. The television public service announcement will be distributed to more than 150 stations in New York, New Jersey and Pennsylvania, the largest media market in the United States. A print ad campaign delivering a similar message is also being developed by the NJMHI and the Hispanic media agency which has been engaged to produce the television campaign, and it will also be initially distributed in the aforementioned three states.

The NJMHI also plans to continue disseminating the model mental health programme reflecting the cultural preferences and needs of Hispanics to mental health agencies and clinicians, through live training, a training video and web services. The model includes a clear description of how NJHMI carried out its objectives and will hopefully serve as a blueprint in regions of the country looking to expand and enhance their mental health service delivery system for Hispanics.

The NJMHI plans to continue demonstrating its commitment to addressing the nationwide lack of access to and the poor quality of mental health services for Hispanics. The organization plans to pursue opportunities to become a National Technical Assistance Centre for Hispanic Mental Health Education, Information and Research. The NJMHI is sending its funding proposal to major supporters of the Changing Minds programme, which if granted will provide hands-on technical assistance to agencies throughout USA that contact the NJMHI to request assistance in increasing their ability to attract and retain Hispanics in mental health services.

## ACKNOWLEDGEMENTS

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# LifeNet

## The 9/11 Children's Mental Health Campaign, New York, the United States of America[1]

John Draper[2]

## INTRODUCTION

The horrific events of 11 September 2001 underscored the need to consider the emotional impact that catastrophic events can have on the lives of children and their caregivers. From the children who lost a parent on that day, to those who watched the disaster unfold from their classroom window, to the countless numbers who were exposed to replays of the World Trade Center's collapse on television, the potential number of children that could be chronically shaken by the terrorist attacks was huge.

In December 2001, The Mental Health Association of New York City (MHA of YHC) received a grant from the September 11, 2001 Children's Fund, Inc. towards the development and dissemination of mental health public education materials focused on 9/11-affected young people and their caregivers. MHA of NYC promotes mental health through advocacy, public education and service programmes. The organization is dedicated to improving attitudes towards mental illness, identifying unmet service needs and developing innovative solutions toward recovery, independence and productive life within the community for people with mental disorders.

The organization sponsors 1-800-LIFENET, a free 24-hour confidential mental health information and referral hotline. It is contracted by New York City's Department of Health and Mental Hygiene (NYC DHMH) and was founded in 1996. Staffed by trained professionals, LifeNet listens to callers with a wide variety of problems and provides needed information about symptoms and available services. LifeNet also operates hotlines in Spanish (1-877-AYUDESE) and Asian languages (1-877-990-8585).

LifeNet maintains the largest computerized data bank of mental health, drug and alcohol treatment resources in the New York metropolitan area. With more than 4 000 entries, callers can be referred for affordable treatment close to their home or office. For those in crisis, LifeNet is linked to emergency care providers including Emergency Medical Services, mobile crisis teams and hospitals. Since 9/11, LifeNet has served as the key point of entry for all mental health service referrals in the 10 counties of and around New York City, including New Jersey and Connecticut.

## AIM OF THE PROJECT

The Mental Health Association of New York City works with experts in children's trauma and a creative marketing firm to develop a multicultural message, targeting those affected by 9/11, and raising awareness of the LifeNet network and common symptoms relevant to trauma in children.

## METHOD AND DESIGN

### PLANNING

MHA of NYC and its partners developed a print campaign comprising posters, brochures and wallet cards, targeting parents and children under 12 years old. The organization worked with its partners at NYC DHMH, the NYC Department of Education and other youth coalitions and service providers to distribute the materials to schools, youth centres, paediatricians and other health services, libraries, child and family service pro-

[1] The Mental Health Association of New York City, 666 Broadway, Suite 200, New York 10012, USA (web site http://www.mhaofnyc.org), The 9-11 Children's Fund, and The Hasbro Foundation.
[2] Correspondence address: Director of Public Education and the LifeNet Multicultural Network, The Mental Health Association of New York City, 666 Broadway, Suite 200, New York 10012, USA. E-mail address: jdraper@mhaofnyc.org

## TABLE 1. LIFENET CALL PATTERNS BY AGE GROUP[1]

| CLIENT AGE | TOTAL CALLS AUG 2000–JULY 2001 | TOTAL CALLS AUG 2001–JULY 2002[2] | INCREASE ON PRE-9/11 (%) | TOTAL CALLS AUG 2002–JULY 2003[3] | INCREASE ON PRE-9/11 (%) |
|---|---|---|---|---|---|
| **Child (1-11 yrs)** | 1 471 | 2 020 | 37 | 3 514 | 139 |
| **Adolescent (12-17 yrs.)** | 2 667 | 3 367 | 26 | 5 065 | 90 |
| **Young Adult (18-21 yrs.)** | 2 726 | 3 456 | 7 | 4 470 | 64 |
| **Adult (22-64 yrs.)** | 16 302 | 29 988 | 87 | 42 125 | 163 |
| **Geriatric (65+ yrs.)** | 1 149 | 1 570 | 37 | 1 963 | 71 |
| **Total** | **24 045** | **40 401** | **68** | **57 134** | **138** |

1 Client age is recorded for a random sample of calls (about 70%); client age is recorded for the person reported to have the problem.

2 Includes month of terrorist attacks, and 10 months following.

3 Includes period when children's 9/11 materials distributed.

viders and other community-based programmes. MHA of NYC also planned distribution of the materials in Washington, DC, to reach families affected by the terrorist attack on the Pentagon.

Three separate poster designs – one translated into Chinese and Spanish – were accompanied by an information brochure (also translated). The print campaign targeted parents and other caregivers coming into contact with children (school staff, paediatricians, youth centre employees etc.) The campaign aimed to educate them on the effects of trauma and how to recognize symptoms of emotional distress, while still conveying a positive message about the future of children directly affected by the events of 9/11. Success was measured through the volume of calls made to LifeNet.

In conjunction with the print campaign, MHA of NYC worked with Project Liberty to target television commercials at parents of children displaying behavioural problems possibly attributable to 9/11. These commercials were aired in the New York area during the weeks before and after the first anniversary of the attacks.

## IMPLEMENTATION

MHA of NYC facilitated the broad scale dissemination of materials throughout the metropolitan area to coincide with the first anniversary of 9/11. Using mass mailings and distribution at health fairs and other community events, MHA of NYC distributed almost 440 600 brochures and 101 000 posters. Northern Virginia Family Services oversaw the distribution of brochures and posters in the Washington, DC area sending the materials to schools, health clinics and youth centres.

Since the first mailing in August 2002, over 180 000 more posters or brochures were requested by LifeNet callers, indicating the public's reception to the materials. In January 2003, Project Liberty reprinted 3.5 million campaign posters and brochures which were to be distributed to public schools throughout New York City.

LifeNet staff collected demographic information to identify trends and pinpoint unmet needs. Where possible, reports were generated from such data and caller anecdotes collected for potential identification of unmet needs in service advocacy efforts. LifeNet also worked with its partners at the 9/11 United Services Group and the Permanency Project (a consortium of children's case management agencies for children who lost a parent in the 9/11 disaster) to identify unmet needs of children affected by the events of 9/11.

## RESULTS

MHA and LifeNet successfully facilitated access to services for children affected by 9/11, and their families. Although the majority of distressed callers contacting LifeNet since the disaster have been adults calling on their own behalf, there have been unparalleled increases in calls related to youth. The number of callers seeking help for children under 12 since the summer of 2002 has registered the greatest increase of any age group, as Table 1 illustrates.

## DISCUSSION

MHA of NYC and September 11, 2001 Children's Fund, Inc. were the first agencies who recognized the need to quickly develop a far reaching campaign addressing the unmet mental health needs of children affected by the disaster. Their pioneering efforts were swiftly joined and supported by Project Liberty, United States Senators Hillary Clinton and Jon Corzine, NYC Departments of Health and Education, and the American Association of

Paediatricians, among others. The campaign has not only won international advertising awards but, most importantly, has had an impact on thousands of young people and their families.

Without such a widespread public education campaign, it is unlikely that so many parents and caregivers would have been aware of delayed reactions and the long-term emotional effects of such a disaster on children. Without this campaign, the use of services for children would have actually diminished over time, rather than exponentially increased.

The 9/11 Children's Mental Health Campaign helped hundreds of parents and their children find services that they might not have accessed otherwise. The campaign had the most impact on referrals to the services detailed below.

### 9/11 MENTAL HEALTH BENEFIT ENROLMENTS

The 9/11 Mental Health and Substance Abuse Program was launched shortly after the first mailing of the 9/11 Children's Mental Health Campaign materials. This programme is offered jointly by the American Red Cross and The September 11th Fund and is designed to cover most or all out-of-pocket expenses for primary victims of the disaster. MHA of NYC and LifeNet, which acts as the central entry point for enrolling victims in the benefit programme, enrolled 322 children (12 years old and under) in the programme's first year.

### PROJECT LIBERTY SERVICES

When the 9/11 Children's Mental Health Campaign launched in August 2002, Project Liberty referrals for children increased more than fourfold (from 136 to 605).

### OUTPATIENT CLINIC SERVICES

When the campaign launched, clinic referrals for children and their parents rose over 60% (from 936 to 1 510).

### PROFESSIONAL TRAINING

The September 11th Fund agreed to support free training for clinicians in evidence based trauma treatment interventions for affected children and families. Nearly 4 000 licensed clinicians in the New York City area took part in this training, which was promoted and facilitated by MHA of NYC.

## FUTURE PLANS

MHA of NYC's ongoing outreach and education efforts continue to generate calls from concerned adults on behalf of children. The organization's Public Education Department, which includes the LifeNet Hotline Network, has long been dedicated to promoting awareness of mental health problems among young people to parents and caregivers. MHA of NYC will continue to operate programmes that conduct outreach to children in New York City.

MHA of NYC's Community Outreach and Public Education (COPE) programme involves extensive educational workshops, staff training, and mental health screening in schools, after-school programmes and youth centres. COPE's multilingual staff of mental health professionals have developed strong relationships in many school districts, including several that have been affected by the events of 9/11, and were expected to integrate mental health education and screening in as many as 20 schools during 2003.

The 9/11 Mental Health and Substance Abuse Program is also part of MHA of NYC's Children's Mental Health Campaign. Programme coordinators continually conduct outreach to school and youth centre staff in 9/11 high-impact zones, developing ties with various victim and family groups, many with large networks and databases of affected families, such as Tuesday's Children (children who lost a parent on 9/11), the Coalition of 9/11 Families, the 9/11 Widows' and Victims' Families Association, the Hispanic Victims Group, New Jersey Family Advocates, and Northern Virginia Family Services.

Experience has shown that many New Yorkers believe they have recovered emotionally from the 9/11 attacks and feel their lives have moved on. Clearly, however, their lives will never be the same, and terrorism remains an underlying threat adding to the stress of day to day living in this region of the United States of America. The role that LifeNet played after the disaster in both short and long term makes it clear that MHA of NYC must sustain its presence in the public domain. No doubt, if another disaster were to strike, LifeNet would assume the same pivotal role once again. Therefore, as always, MHA of NYC's campaigns will continue to remind New Yorkers that regardless of when concerns or symptoms arise, if they need help, there is still a number they can call.

## ACKNOWLEDGEMENTS

MHA of NYC worked with the following organizations to develop and implement this campaign: The September 11, 2001 Children's Fund, Inc. and its partner, The Hasbro Foundation, The State Office of Mental Health Project Liberty division (Project Liberty is the Federal Emergency Management Agency funded initiative to provide counselling to people in the New York area who were emotionally affected by the events of 9/11), and Wunderman, the international creative services agency.

# Supporting the transition of adjudicated youth

## A programme in Denver, Colorado, the United States of America

William K Wiener[2]

## INTRODUCTION

The months following the release of an adjudicated adolescent from a period of incarceration are a critical time. The success of the juvenile offender's move from a highly controlled environment to a more autonomous life in the community is key in determining whether the adolescent will re-offend or make a positive adjustment. The provision of transition services to adolescents leaving an institution is essential to circumvent recidivism. These services range from helping the individual to remove outstanding warrants and obtaining an ID card, through assisting in the search for a job or application to an educational programme, to securing adequate housing and access to community-based services such as substance abuse or mental health counselling.

Follow-up and support for the adolescent after release is a element missing from the transition process. This void becomes more pronounced among adolescents in the criminal justice system who have more complex mental health issues, substance abuse problems, and learning and behavioural difficulties. Telephone calls and site visits to check progress may be sporadic and may overlook the individuals who most need assistance. What is needed is a means of providing daily follow-up, support, and tracking of released adolescents, to help them take responsibility for their own transition and enable caregivers (counsellors, parents, probation officers, transition personnel) to monitor them and make interventions when necessary.

Metro Academy was created in 1994 as a partnership between the Metropolitan State College of Denver (Metro State) and the Colorado Division of Youth Corrections. The impetus for this partnership was the Division's need to radically shift the focus of its educational programmes at the Lookout Mountain maximum secure facility for adolescent males (aged 12 to 20 years old), and Metro State's mission to assist in the resolution of urban problems, together with its need to develop practicum sites for pre-service professionals in Criminal Justice, Education and Human Services. The partnership is based upon the assumption that through the delivery of high quality educational, vocational and transition services, adjudicated youths will become productive members of society.

The partnership between Metro Academy and Prosocial Applications, Inc. began in 2000. Prosocial Applications was in search of an organization willing to test its developing e-mail tracking and follow-up system. Recognizing the potential for this system to close gaps in adequate follow-up provision to residents who had been released from Lookout Mountain, Metro Academy agreed to participate.

## AIM OF THE PROGRAMME

The goal of this programme is to develop and implement a system that will provide consistent support and follow-up to adolescents in the juvenile correction system, in order to ensure their chances of successful re-integration into the community.

## METHOD AND DESIGN

The tracking and follow-up system implemented at Lookout Mountain, now known as the Prosocial Applications Toolbox, begins 45 days prior to the youth's parole date. Transition personnel, in collaboration with

[1] Metropolitan State College of Denver Academy, 2901 Ford Street, Golden, Colorado 80401, USA and Prosocial Applications Inc., 220 Greenrock Drive, Boulder, Colorado 80304, The United States of America.
[2] Correspondence Address: Metropolitan State College of Denver Academy, 2901 Ford Street, Golden, Colorado 80401, The United States of America . E-mail address: metacad@comcast.net

the youth's case manager and the youth himself, assemble a Caregiver Team consisting of the salient individuals who will be working with the youth when he is released to the community (employer or school counsellor, parent, substance abuse counsellor, probation officer, transition specialist). Next, the youth receives instruction in planning a Daily Activities Schedule and in using an e-mail access device. After he is released, this schedule is e-mailed daily to members of his Caregiver Team. Appropriate team members verify, via e-mail, whether the activity (for example, getting to work on time or keeping a counselling appointment) was completed. This information enables the probation or parole officer and transition personnel to pinpoint the youths who are in need of additional support and assistance in making their adjustment to the community.

There were two inter-related outcomes for this programme. The first was to develop and implement a method for providing consistent support and follow-up to adjudicated juveniles after their release from incarceration, thereby circumventing their recidivism to the juvenile or adult criminal justice systems. Assessment of this outcome took place through the comparison of recidivism rates for youths who used the Prosocial Applications Toolbox with those who did not.

The second and ongoing outcome of this programme is to assist Prosocial Applications in utilizing a research and development approach to continuously improve their product. This outcome has been assessed by the incorporation of user feedback into subsequent versions of the Toolbox.

## RESULTS

During the three years of the programme's existence, 97 youths have used the Prosocial Applications Toolbox. Of these, 21 (21.6%) utilized the system for less than their nine months of parole. Of the remaining 76 users, 17 (22.3%) committed additional offences or violated the terms of their parole during the nine months following their release. Recidivism rates from the Colorado Division of Youth Corrections are 29% and the approximate recidivism rate at the Lookout Mountain facility is 38%, suggesting that youths who were involved with the Prosocial Applications Toolbox re-offended or violated their parole at a much lower rate than those not using the system.

Utilization of feedback from Metro Academy in the development of the Prosocial Application Toolbox resulted in more sophisticated and user friendly versions of the product. The Toolbox progressed from an e-mail based system requiring manual dissemination of e-mails to the Caregiver Team, to an Internet-based system with a variety of features and report options.

## DISCUSSION

The results indicate that the goals for the programme have been met: youths receiving consistent support and follow-up services following their release from incarceration appear to make a more successful adjustment to their community than those whose follow-up was less consistent. In addition, the use of a research and development approach to the Prosocial Applications Toolbox seems to have brought about the evolution of a system which now has broad applications to any field where tracking and follow-up services to clients are essential components.

The success of the programme lies in the relative simplicity of tracking a large number of individuals through e-mail and the Internet. The Prosocial Applications Toolbox has enabled those involved in probation and transition to target their energies on vulnerable clients who were most in need of their services. Using the Toolbox allowed clients to play an active role in their transition and to be held immediately accountable for their behaviour.

One factor which impinged on the programme's success was the reluctance of some caregivers to interact with their clients in new ways. The change from personal trackers and face to face contact to e-mail and the Internet was difficult for many probation and parole officers. This reluctance limited the number of youths who were involved in the system.

The commitment of youth offenders with diagnosed mental health problems to youth corrections has increased dramatically over the past five years. The number of mental health beds at Lookout Mountain (which has a total of 240 residents) grew from 40 in 1999 to 65 in 2003, with the number of residents taking prescribed psychotropic medications increasing from 90 to 120 over the same time period. There has also been an increase in the number of residents qualifying for special education in the behavioural or emotional disorder category. Anecdotal information from the field of youth corrections appears to indicate that this is a national trend.

The return of youths with mental health problems to the community following a period of incarceration may present public safety issues and place the youth at risk of re-offending, unless adequate support and accountability systems are in place. Although these youths may have experienced a therapeutic milieu while they were removed from society, their re-entry and the current time lapse between release and involvement in community-based treatment services may make them more vulnerable to the reappearance of the problems that initially led to their commitment. Providing these youths with the support and follow-up services of the Prosocial Applications Toolbox may be a critical factor in preventing further incarceration.

The impact of the Prosocial Applications Toolbox in juvenile corrections has been demonstrated in this programme. In an era of shrinking resources in the human services fields, and with children, adolescents and adults exhibiting increasingly acute mental health problems, the system Prosocial Applications has developed presents a cost-effective means of tracking, supporting and targeting services to those who most need them.

## FUTURE PLANS

Metro Academy has become a demonstration site for Prosocial Applications and will continue to partner with them and aid the improvement of their systems. The Internet version of the Toolbox will be made available to probation and parole officers with clients at Lookout Mountain at no cost for a six month period, which will enable them to become familiar with the system and therefore remove barriers to change.

Prosocial Applications plans to investigate the possibility of applying the Toolbox to a variety of populations, including non-adjudicated at-risk children and youths, older people, and individuals receiving outpatient mental health and substance abuse treatment.