

Step Ahead Self-Help Support Groups

Long Term Outcomes

- To reduce the isolation of women with mental health issues living in the semi-rural area of Southern Wollondilly;
- To empower women with mental health issues living in the semi-rural area of Southern Wollondilly to participate in their society;
- To increase access to the Tahmoor Resource Service's support network; and
- To improved the quality of life for mental health consumers.

Impact / Intermediate Outcome:

- Developing Personal Skills / Health Literacy;
 - Specific and appropriate information increased the women's understanding of mental health issues;
 - An awareness and acceptance of each participants existing mental health status;
 - Participants accepted and attended this proactive strategy (the step ahead program) for personal change;
 - Development of participants individual skills, knowledge and understanding; and
 - Increased self-esteem and confidence; eg consumer advocates were trained to facilitate self-help groups; one participant now works as an admin worker

Reorienting Health & Community Services / Effective Services

- Provided support for women in S. Wollondilly by NGO;
- Data collection on mental health issues/needs for women in Southern Wollondilly; and
- The program provided consultation and dialogue with other NGOs & Health.

Creating Supportive Environments / Healthy Environments

- Collaboration with Community Health and NGO services increased and was enhanced;
- Access to local support networks increased;
- Networks for mutual support established for consumers and their families eg family picnic; and
- Increased opportunities for consumers to determine directions for their group/life.

Social Justice & Equity

- Women affected by mental health issues were supported;
- Program direction was determined by the women participating, ensuring an appropriate program was developed; and
- Support infrastructure in an isolated area is strengthened.

Strengthening Community Action

- Disempowered women are engaged in a change process;
- NGOs are working collaboratively in partnership with Health and General practitioners. To date, no referrals have been made from local GPs;
- Positive personal experience with the program are shared in the community and motivate new enquiries and referrals; and
- Establishment and maintenance of the program necessitated funding submission applications.

Building Healthy Public Policy

- NGOs driving a refocus of service delivery;
- The reach of government services is extended through collaboration with NGOs; and
- Consumer advocates press for equitable distribution and provision of services in Southern Wollondilly.

Process Outcomes

Education / Media

- Media campaign to inform the public of the program, distribution of brochures, deputations to GPs;
- The local Community Health Centre and other health professionals were invited to refer clients;
- Training was provided for assistant group facilitators recruited from group members;
- Resources were provided to increase knowledge and understanding of mental health issues; and
- Program was changed because interested clients had differing diagnosis.

Partnerships / Community Control

- Group participants are engaged in evaluation;
- Future direction of group meetings is determined by participants and facilitators;
- Collective / partnership / equal relationships; and
- Meetings and dialogue with TOP, health workers, the RISE Group from Camden and Wollondilly Family Support Service and volunteer retired psychologist were established.

Advocacy / Equity Focus

- Affected women were engaged in the change process;
- Appropriate strategies for the group program were identified;
- Access to local services was provided; and
- Collaborative, design/focus – program directed by participants.

Research

- The development of the project is informed by Wollondilly Shire Council's Social Plan and Interagency representations;
- Consumers, NGOs, Health are involved in the design and implementation of the evaluation of the program;
- Quantitative and qualitative evaluation methods are utilised;
- Advanced the knowledge base on mental health issues for women in an isolated rural area of Southern Wollondilly;

- Fact finding – consumers; gaps in service; programs; Council’s Social Plan and Interagency; and
- Group attendance; contracts, commitments, personal goal setting.

History

As a newly funded and established service, in February 2001 Tahmoor Community Resource Service sought to identify priority needs for community development, and establish appropriate programs to build community capacity in the villages and rural areas of Southern Wollondilly.

Isolated community - Demographics reveal a sparsely populated, low to mid-range socio-economic mix. Population is scattered in and around rural villages that do not benefit from a comprehensive range of outreach style services. Major business and service centres are Campbelltown, or Bowral, each a 30-minute drive if you have a motor vehicle. Public transport consists of school buses or trains at peak times. These services are offered at widely spaced, infrequent intervals that do not accommodate mid-day travel opportunities. Obviously, school buses do not run in school holidays, further reducing access opportunities.

Local area council social plans: The Wollondilly Shire Council Community Plan Draft Strategy sites Women’s Support Issues, Women’s Health and Isolation as significant areas of need.

Interagency identified need: Wollondilly Interagency undertook a planning exercise in April 2001. Target groups/needs identified in order of urgency include:

- Mental Health
- Isolation – after hours services
- Networking – health and education
- Population – geographic spread
- Servicing – Wollondilly is part of Macarthur; lack of unity, no identity
- Communication across community
- Lack of infrastructure
- Transport

This lack of identity for Southern Wollondilly has been further emphasised by Wollondilly Council and Wollondilly Tourism wanting to join and be identified with Southern Highlands.

Fact Finding

Demonstrated need: Mental Health consumers accessed the Tahmoor CRS seeking information and support. Investigations revealed there were no local opportunities for these people, and little within the Macarthur region that was accessible, or would provide ongoing support.

Social action theory: Research was based upon this theory, with consumers identifying the need for a program or support service that would be accessible to all women in southern Wollondilly.

Anecdotal evidence gained through community networks indicated a great need for local support.

General Practitioners were visited with a view to further assessing need for mental health support in the area. The response affirmed a strong need for existing clients.

Credibility, validity: Having identified a need, concerns were voiced within the service in regard to acceptance of the program by medical practitioners, and consumers alike.

It was agreed that an established and proven program would provide both credibility for the service, and validity to the support group.

Existing support groups and projects were identified and considered for suitability. There appeared to be little to choose from until the TOP program was located.

Programs available – TOP: Consultation with the project development officer of TOP identified an established self-help program that empowered clients to regain control over aspects of their lives affected by fears, phobias or obsessive compulsive disorders. By introducing consumers to committed attendance, self-exposure and personal goal setting they were encouraged to take positive control over those things that trigger attacks.

A decision was taken to introduce TOP as the model program for the project.

Considerations

Other NGOs consulted: Local service provider, Camden Wollondilly Family Support Service, was consulted with regard to referrals of consumers who did not present with issues compatible with the TOP program. It was agreed that the RISE program could accommodate those taking benzodiazepine drugs who were not suitable candidates for TOP.

Concerns re liability: The program could not guarantee a cure. There would be no guarantee that the program would be beneficial to all those participating. My concern was to ensure our duty of care was exercised in regard to those attending the groups.

Contact was established with Mental Health at Brown Street, Campbelltown and Waratah House to establish a line of referral for those in crisis.

Funding: Opportunity presented through the SWSAHS Womens Health “Out of the Shadows” funding.

A submission was prepared, costing in educational resources, transport, venue, catering and childminding. The aim was to provide the groups at no cost to participants.

The initial submission was not successful, but following a meeting with representatives from SWSAHS, Wollondilly Community Health Centre and consumers, a revised budget was submitted and \$1,035 granted for the project.

Affordable, childcare, transport: Given the low socio-economic indicators for the region, my goal was to provide a no-cost to the client support group.

Elements of the funding submission included the cost to provide Sessional Childcare at no cost, and also, if required, free return transport.

Aims of the program

To establish a women's mental health support group, to cater for those with anxiety disorders, phobias and depression

Through this group help these women to have social interactive support, friendship, and education on mental health services available through provision of information and resources such as videos, books and professional health workers as guest speakers.

To enable women with mental health issues who are living in isolated areas to be empowered and reduce their isolation

To provide support for women to regain quality of life, increase self-esteem and increase independence.

Training

TOP Program: 'Is a structured self-help group which teaches people with Panic / Agoraphobia, Social Anxiety Disorder, Simple Phobias or Obsessive Compulsive Disorder how to work out their own self-exposure treatment. Exposure Response Prevention is a type of behaviour therapy which has been shown to be a best practice method of treating Anxiety Disorders.'

'Participants learn how to face up to and control their anxiety and panic attacks and how to deal with setbacks, if and when they happen.' (*TOP NSW Information Sheet*)

TOP Training: The Anxiety Disorders Coalition made resources available. These included members packs, videos, and the text "Living With Fear" which is used as a manual for self-exposure therapy.

An introduction to the TOP program was given in-house at Tahmoor to myself, and two volunteer facilitators.

Four volunteer facilitators attended a free training session on group dynamics provided by the TOP Development Officer.

Consumer advocates as facilitators: Of the total number, two volunteer facilitators are also consumer advocates.

Each has shared their own experience with mental health issues, the lack of services and supports within the Wollondilly area, and their desire to assist others with similar issues.

The vision for Step Ahead groups is that as participants achieve a measure of empowerment, they are invited to train as co-facilitators and eventually to take leadership of a group within their own village or geographic area.

One group member has already expressed interest in commencing training as a facilitator and is ready to commence, with others now exhibiting interest.

Reaching the community

Deputation to health professionals: Personal appointments were made with local general practitioners in Tahmoor and Picton to inform them the groups would be commencing in May 2001, and to invite referrals.

This initial approach met with enthusiasm and the assurance that each practitioner had a number of patients who may be candidates for such support, and that referrals would be made.

Media: Local newspapers, community and school newsletters were given press releases publicising the new service and inviting people presenting with anxiety, OCD, phobias, stress or depression to phone for information about a self-help support group.

Brochures at key sites: Brochures were distributed to key locations throughout the shire. These included doctor's waiting rooms, schools, community notice boards and shop windows, together with other NGOs notice boards.

Word of mouth: In a small community, word of mouth is a most effective tool to publicise services. The Wollondilly Interagency Meetings and Minutes also provides Information Share to get word out about new services.

Commencement of the Group

Selection of group members, personal interviews: Applicants are invited to attend an interview at which a questionnaire is completed to provide data for future research, but also to assess the following:

- Diagnosis – medical practitioner
- Medication
- Suitability for the program
- Personality type

Discussion around this information allows a reasonably meaningful dialogue with applicants, and they are told this is not a quick fix to their problem, but that with commitment and effort they can expect to take positive steps forward.

Reflect and refocus suitability of TOP: Following the initial interviews for establishment of the first group, it was realised the participants did not present with anxiety disorder or OCD alone, but many had a number of issues.

The issues included depression, post-natal depression, stress – overload, and anxiety. The TOP program was too constrictive in its approach to accommodate the variety of issues.

Identify an alternate to TOP: No suitable existing alternate program was identified.

The decision was taken to put aside the TOP program, and to develop a self-help support group based upon weekly individual goal setting and sharing achievements or setbacks at subsequent group meetings.

Designing a new program

Participant's needs directed new focus: Ongoing evaluation based on feedback by group members and issues raised at group meetings lead us in a new direction.

Informal: The tight, restrictive guidelines of TOP were replaced by a relaxed, informal approach to sharing issues as they arose, with recognition of achievements and reassurance about setbacks offered by all group members.

This approach has developed the personal commitment level of each member, as well as building a strong mutual-support framework.

Facilitators may introduce a topic or theme for each meeting, that may or may not be taken up as the discussion point for the day. Discussion and direction for each session is flexible, and is guided by the issues raised by participants.

Previous history and experience with mental health organisations: A number of group members shared similar experiences of feeling unsupported, not understood, and of being disempowered by general practitioners and mental health service providers alike.

The difficulty of logistics in simply accessing Macarthur-based services for residents of southern Wollondilly has caused disillusionment and frustration for consumers.

Realistic expectations: Participants are informed at the initial interview that this is not a “quick fix” solution to their problems.

They are advised the quality of improvement will be related to their commitment to group attendance, and other members, and their willingness to identify and “own” their issues.

It is stressed that prescribed medications must be continued as directed by health professionals, and that these medications allow “space” for issues to be identified and dealt with in a more objective manner.

Participants are also advised to maintain regular appointments with their health carer.

Group members have identified their partner’s difficulty understanding and coping with mental health issues as compounding their issue.

To assist with this, a program of family social events has been planned with the aim of providing a support network and safe social outlet for the whole family.

Social ‘action research’ approach is empowering for the participant:

Burns, 1990: 252 defined action research as ‘the application of fact finding to practical problem solving in a social situation with a view to improving the quality of action within it, involving the collaboration and co-operation of researchers, practitioners and laymen’.

Each participant has been encouraged to evaluate the benefits or otherwise of the group at a personal level.

This verbal feedback has been instrumental in developing directions for the group.

For example, the initial social family event was suggested and planned by group members. A BBQ lunch and afternoon tea at the community hall was held in July, two months after commencement of the first group, with partners and children attending.

Each family contributed drinks and a dish for catering, with the meat supplied by the Service.

This event was an unqualified success, with the consensus being further such get-togethers will be planned at regular intervals.

Evaluations

Group process: The social action research method of determination for group direction has resulted in a proactive perception of findings that impacts directly on session content.

In some ways, this can be a greater challenge for facilitators to let go their planned approach and allow participants' sharing to become the catalyst for direction of the discussion.

This approach has validated the experiences and thoughts of each participant and empowered group members to disclose their experiences, to offer mutual support and encouragement.

- Four volunteer facilitators;
- Original group has five members;
- Second group commenced with two members;
- Individuals making positive steps toward regaining control of their lives, overcoming fears, compulsive behaviours and depression;
- One group participant is now volunteering time for the service and attends two half days per week;
- Interest in training to become a co-facilitator has been expressed by participants;
- Social support networks are now being established outside the support group environment;
- Families of participants attend social events to increase their support and acceptance; and
- Enquiries from adolescents and men are now being processed with a view to commencing similar groups to address their issues.

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