PROJECT EVALUATION REPORT

PEER SUPPORT FOR MENTAL HEALTH
- young people helping each other

Auspiced by Child and Youth Health

Working with

Addressing Mental Illness & Giving Others Support

Project Funded by: Primary Health Care Initiatives Grant
South Australian Health Commission
1996 - 1997

Project Coordinator: Liz Higgs
The Second Story Youth Health Service
(Southern Branch)

July 2001
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1. EXECUTIVE SUMMARY

Background

The Peer Support for Mental Health Project is a combined mental health prevention and promotion project targeted towards young people whose lives have been affected by an identified mental illness and who are living within the Southern Metropolitan Region of Adelaide. The project commenced in 1997 and was funded by a Department of Human Services Primary Health Care Initiatives Grant. Child and Youth Health auspiced the project which was developed by the Southern Second Story in partnership with young people with additional support from Southern Mental Health Services, Child Adolescent Mental Health Services and other local agencies.

Project Goal and Objectives

The project goal was to:

   improve the health outcomes of young people with mental illness living within the Southern Metropolitan Region of Adelaide.

Project objectives were to:

1. increase the level of knowledge of relevant health professionals in identifying and addressing the needs of young people with mental illness
2. improve the level of community understanding (in particular young people) of issues affecting young people with mental illness
3. increase the range of services to support young people with mental illness through project initiatives
4. increase the knowledge and confidence of young people with mental illness in managing their illness

Project Approach

The project was developed in two phases. In Phase One young people aged 16 – 25 who had or were experiencing a mental illness were consulted about their needs. Strategies to address identified needs were implemented using Peer Consultants during Phase Two. The project framework was based on the Ottawa Charter for health promotion. It sought to create an environment in which young people were supported and encouraged to acknowledge, understand and take control of their mental illness. A peer education methodology was used which incorporated the principles of partnership and accountability.

Project Outcomes

The primary intervention of the project was targeted at an indicated prevention level, focussing on reducing risk and enhancing protective factors in young people with a mental illness. It addressed the four key objectives although partially addressing objectives two and three.
Further development of the project will offer opportunities to continue to address community stigma and increase access to services for young people that are appropriate to their developmental needs.

The process of training young people for the role of Peer Consultant and subsequent fulfillment of that role helped them to better understand their mental illness and develop personal confidence and marketable social skills.

Peer Consultants came into the project following the experience of recent mental illness, and the majority of Peer Consultants left with a sound understanding and acceptance of their mental illness and its relation to their mental health status. These young people also provided a positive role model for young people in hospital, hospital staff, mental health professionals and young people within the community mental health services.

The youth partnership methodology was considered to be a respectful and effective way of supporting young people to address their needs and it assisted in the development of the following four broad activities:

- Community Education
- Hospital Visiting
- Community Support Group
- Mental Health Professionals’ Working Parties

The overall project methodology has resulted in a range of positive benefits and linkages, which have fostered intersectoral and interagency collaboration and partnership between the project and national and local agencies.

In addition to the Hospital Visiting Service close working relationships were also formed with mental health services, particularly by the Noarlunga Continuing Care Team – Adare Clinic and the Southern Assessment Crisis Intervention Service Team and Child Adolescent Mental Health Services.
2. BACKGROUND

2.1 History of the Project

The southern branch of the Second Story Youth Health Service (TSS), a Division of Child and Youth, opened in October 1996. A significant number of young people accessing the service reported health issues associated with a mental illness. They talked about their isolation, loneliness and loss of social skills and reported that their only community contacts were visits to mental health services or youth services for crisis and / or clinical treatment. In response to these issues, TSS staff successfully applied for a Department of Human Services Primary Health Care Initiatives Grant to conduct a needs assessment using a consultative process with young people who had experienced a mental illness. Information collected during the consultative process was collated and used with statistical and published material as evidence to apply for further funding. Phase Two of the project was guided by the recommendations of the consultation process of Phase One.

2.2 Sponsoring Organisation

The project sponsor was Child and Youth Health. The organisation is a statewide service dedicated to enhancing the health of South Australian children and young people from birth to 25 years of age. The Second Story Division provides free and confidential primary health care services to young people through three metropolitan service sites. The project was located at the southern site in Christies Beach.

2.3 Source of Funding and Budget

<table>
<thead>
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<th>Project phase</th>
<th>Funding source</th>
<th>Date and amount</th>
<th>Use of funds</th>
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<tr>
<td>One</td>
<td>Primary Health Care Initiatives Grant</td>
<td>March 1997 $5,000</td>
<td>Funding was allocated to provide reimbursement for the young people as Peer Consultants, including their costs associated with training and personal expenses such as transport.</td>
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<td>Two</td>
<td>Primary Health Care Initiatives Grant</td>
<td>October 1997 $64,200</td>
<td>Funding provided the opportunity for Peer Consultants (in partnership with project staff) to implement recommendations from the Phase One Report.</td>
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<td>Health Promotion Unit, Department of Human Services, National Early Psychosis Project SA State Funding, Onkaparinga Council, Mr Holmes and Associates, Southern Region Consumer Advisory Group Funding, Beach Road Markets</td>
<td>As the project progressed, funding was paid on invoice by the funding bodies directly to service providers.</td>
<td>Project staff and Peer Consultants attended and presented at state and interstate conferences. These presentations addressed the model and philosophies of the project and aimed to increase awareness and educate the wider community around issues relating to mental illness. Funding received from several external agencies / organisations was used for the costs associated with attending these conferences.</td>
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3. DESCRIPTION OF THE PROJECT

3.1 Staffing

The staffing establishment for the project was as follows:

- Coordinator CHN2 @ 0.5 FTE
- Project Officer ASO4 @ 0.5 FTE
- Clerical Officer ASO1 @ 0.2 FTE

In addition, TSS staff provided ongoing support to both the project staff and to the Peer Consultants. Support included provision of the following:

- counselling for Peer Consultants
- education and training
- professional advice and debriefing for the project staff

Other staffing support included:

- provision by Noarlunga Child Adolescent Mental Health Services (CAMHS) of a staff member to be involved in the Project Advisory Group
- provision by the Marion branch of CAMHS of a staff member who acted as a team support person on a fortnightly basis and who also attended the fortnightly Peer Consultant meetings
- provision by Southern Mental Health Services of two workers to be part of the Project Advisory Group and provide education and training for health professionals and Peer Consultants when required.

3.2 Project Goal and Objectives

The original project goal and objectives were considered by the funding body to be too ambitious for a twelve-month time frame. The revised goal was to improve the health outcomes of young people with mental illness living within the Southern Metropolitan Region of Adelaide.

Project objectives were to:

1. increase the level of knowledge of relevant health professionals in identifying and addressing the needs of young people with mental illness
2. improve the level of community understanding (in particular young people) of issues affecting young people with mental illness
3. increase the range of services to support young people with mental illness through project initiatives
4. increase the knowledge and confidence of young people with mental illness in managing their illness
3.3 Project Methods and Strategies

The project framework was based on the Ottawa Charter for health promotion. It sought to create an environment in which young people were supported and encouraged to acknowledge, understand and take control of their mental illness. A peer education methodology was used which incorporated the principles of partnership and accountability. The project was developed in two phases.

Phase One-: Recruitment, Selection and Training of Peer Consultants

Phase One commenced in April 1997. Eight young people who had experienced a mental illness and expressed interest in the project participated in internal training at The Second Story to become Peer Consultants. These young people were referred from the following services:

- Streetlink
- Southern Assessment Crisis and Intervention Services Team (ACIS)
- Southern Mental Health Service

The two days training allowed participants the opportunity to address personal issues of confidentiality, communication styles, group processes and their involvement in the project. There was also an introductory component on Narrative Therapy. One of the aims of this training was to give the Peer Consultants the opportunity to think about their ‘dominant story’ and the influence it has had on their lives, as well as the ‘alternative story’ and how it could be achieved. Narrative Therapy supports a positive outlook on life and acknowledges the person’s ability to achieve their choices.

Following this training, the Peer Consultants planned and facilitated focus groups with a total of twenty young people, living in the Marion and Onkaparinga districts, who were experiencing or had experienced a mental illness. The groups included:

- Second Story counselling and clinic clients Male 4 Female 3
- Young Mothers’ Program Female 5
- Southern Mental Health Clinics Male 5 Female 3

The purpose of these focus groups was to identify areas that young people found difficult when managing their own mental health issues. Information collected during the consultative process was collated and used with statistical and published material as evidence to apply for further funding. Phase Two of the project was guided by the recommendations of the consultation process of Phase One. The utilisation of the youth partnership methodology continued in Phase Two. This was considered to be a respectful and effective way of supporting young people and addressing their needs.
Phase Two: Implementation Stage of the Consultations

Phase Two commenced in January 1998 with the advertising of further Peer Consultant positions through the Child and Adolescent Mental Health Service, Southern Mental Health Services, the local newspaper, and other youth agencies. Fourteen young people submitted letters expressing their interest and the Project Coordinator conducted informal interviews. Twelve young people were provided with training which incorporated communication skills, drugs and alcohol harm minimisation, conflict management, occupational health and safety strategies, organisational skills, negotiation skills, meeting skills, and public speaking. These learnt skills were designed to increase confidence levels and to provide accurate information for the Peer Consultants to safely carry out their duties during Phase Two of the Project.

3.4 Project Activities

Project activities were designed, arranged and facilitated by Peer Consultants in conjunction with the project staff. Task groups were formed for four main project activities. They were:

- Community Education
- Hospital Visiting
- Community Support Group
- Mental Health Professionals’ Working Parties

Peer Consultants chose a task group based on personal interests and time availability. Activities of each task group are briefly summarised below:

**Community Education**

Design and production of the project fliers and pamphlets and subsequent presentations at the following conferences:

- Second National Early Psychosis Conference, Hobart, September 1998
- Out Of The Blues Conference, Adelaide, November 1998
- Mental Health Week, October 1998
- COPE Workshop, Adelaide, June 1999 (20 Youth Workers from metropolitan youth services)
- Seaford R-12 School, August 1999 (approximately 180 students attended the workshops)
Hospital Visiting

Preceding Hospital Visiting, the Peer Consultants and project staff met on several occasions with staff from Flinders Medical Centre Psychiatric Department, Morier Ward - Noarlunga Hospital and Paterson East Ward at the Glenside Campus. These discussions resulted in the development of a proposal outlining the aims and objectives of Hospital Visiting.

The proposal was accepted by Morier and Paterson East Ward. Visiting commenced at Glenside in May 1999 and at Morier Ward in June 1999. The Peer Consultants visiting sites were given Occupational Health and Safety Training by senior staff at both hospitals. A Hospital Visiting Booklet was produced by Peer Consultants and project staff defining organisational roles and responsibilities for Peer Consultants, hospital staff and project staff during Hospital Visiting. Support letters have been received from Senior Staff of both Paterson East Ward and Morier Ward Noarlunga Hospital.

Community Support Group

The first Community Support Group was held in October 1998, however it was poorly attended. Following further promotion of the group through the Child Adolescent Mental Health Service and The Adult Mental Health Services, the group saw an increase in attendance levels when it was held in December 1998. The support group was given the name AMIGOS (Addressing Mental Illness and Giving Others Support) which they believed represented their role within the project. The group continues to be facilitated on a fortnightly basis by a Peer Consultant, the Project Coordinator and a Child Adolescent Mental Health Service worker who joined the Support Group early in 1999. This has provided a valuable link between the services for both Health Professionals and clients. Activities are alternated between external recreation and centre based.

Mental Health Professionals’ Working Parties

Throughout the project, the Peer Consultants and project staff have been invited to attend a variety of health forums.

- A Peer Consultant currently attends the Chid Adolescent Mental Health Service (CAMHS) Advisory Group to share ideas and opinions.
- The Peer Consultants had the opportunity to meet with CAMHS to provide input about the new mental health facility proposed for the Flinders Medical Centre.

A Peer Consultant and project staff attended the Southern Mental Health Consumers’ Meeting on a monthly basis.
3.5 Events Timetable

Throughout the project there were specific events that occurred regularly. They were:

- Peer Consultant meetings
- Project advisory group meetings
- Task group meetings
- Southern Mental Health Consumers’ Group meetings
- Community support group (AMIGOS)
- Peer Consultant supervision meetings
- Southern Early Psychosis Group meetings

Other events were held at various times throughout the project in response to ongoing evaluation and planning.

3.6 The Project Advisory Group

The overall function of the Project Advisory Group was to support the Peer Consultants and project staff to achieve the project goal and objectives. The Project Advisory Group promoted cooperation and collaboration between health professionals and community participants as well as providing external support and resources. Thus the presence of the Project Advisory Group assisted the project to gain status and acceptance within the mental health services and the wider community. The original Project Advisory Group was represented by the following Organisations as set out in the Terms and Conditions of the Funding agreement:

- Southern Mental Health Services: One worker from the Early Psychosis Team
- Southern Division of General Practitioners: General Practitioner
- Flinders Medical Centre: Psychiatrist
- Child, Adolescent Mental Health Services: Social Worker from the Morphett Vale team
- Noarlunga Health Service: Project worker with experience working with youth and Government funded projects
- Project Coordinator: The Second Story Division of Child and Youth Health – Southern service site
- Peer Consultants: Three positions which rotated throughout the project
- Project Worker: The Second Story Division of Child and Youth Health – Southern service site
- Child Adolescent Mental Health Services and Southern Mental Health Services: One combined position which was the SA state representative on the National Early Psychosis Project (NEPP)
- Southern Mental Health: Psychiatrist
4. EVALUATION

4.1 Evaluation Methods

The original evaluation plan was amended in consultation with SA Community Health Research Unit so that it best suited the needs of all Peer Consultants (their discomfort with completion of official evaluation forms needed to be acknowledged). The project adopted a qualitative approach utilising various tools such as feedback statements, questionnaires, and anecdotal evidence throughout the project. This method allowed the Project Team to continually address issues, strategies, developments and outcomes as they arose.

A number of informal discussions were held with representatives from external organisations that related to the Hospital Visiting Program and the Community Support Group. These informal discussions related to the progress of these programs and the impact the project was having on the Peer Consultant’s health status as well as the impact on the wider community.

4.2 Purpose of Evaluation Tools

Personal diaries

Personal diaries provided a tool for the Peer Consultants to monitor their progress throughout the project. On completion, the diary provided the Peer Consultants with an account of their recovery as well as their stages of learning. They also documented training activities in which they participated that could assist them in applying for study or employment in the future. In terms of ongoing benefit, the diary guided the Peer Consultants through their supervision discussions as a reference point. The diaries allowed staff to better understand the achievements of each Peer Consultant and assist them to give feedback on their personal development.

Peer Consultant questionnaires

Peer Consultant questionnaires consisted of short questions that enabled Peer Consultants to express both positive and not so positive aspects about the project. When common issues arose from the questionnaires, members of the Project Team reported to the Advisory Group. The questionnaires were anonymous and therefore allowed the participants to feel unrestricted in providing comment. Furthermore, they allowed project staff to identify the Peer Consultant’s perceived level of peer partnership and accountability.

Project Advisory Group questionnaires

Project Advisory Group Questionnaires provided external organisations with the opportunity to anonymously feedback their ideas and opinions about the progress of the project and the impact the project was having in relation to the project goal and objectives.
Conference Feedback Forms

Questionnaires enabling external organisations / health workers (nationally) to express their opinions on the project model, the information presented and the way in which it was presented. This information was used to assess the content and detail of information that would be presented at future conferences. This feedback form also provided a learning tool for the Peer Consultants, highlighting the audience learning needs.

180 questionnaires were returned

Focus Groups

Focus groups were confidential and informal groups in which the young people could openly discuss their personal experience and needs in relation to mental health. Participants were in various stages of recovery when they participated in these discussions.

20 questionnaires were returned

School Student Questionnaires

Feedback forms were given to school students after completing a school workshop. Students and teachers provided information about their level of understanding of mental illness and its impact on the community. They also provided feedback on style of presentation and content.

150 questionnaires were returned

Community Education

These questionnaires were feedback forms given to general practitioners and youth workers after completing the workshops. Professionals provided information about their level of understanding of mental illness and its impact on the community. They also provided feedback on style of presentation and content.

40 questionnaires were returned

4.3 Outcome Results

The project has been able to raise the profile of young people experiencing mental illness not only in the southern region but also within South Australia. This has far exceeded the original goal of the funding application. The objectives of the project whilst being broad and difficult to achieve have guided Second Story in further developing services for these young people. Project staff and participants have worked in partnership with each other and have been able to attract interest from a number of health professionals both inter and intra state. This has increased the number of services that are now endeavoring to work within those same principles to achieve better outcomes for their clients.
The project will continue to develop services for this high need target group within the three Second Story sites. This will enable the project to achieve its objectives in the areas that require further work and improve the health outcomes of young people experiencing mental illness within South Australia.

4.4 Objective Outcomes

1. Increase the level of knowledge of relevant health professionals in identifying and addressing the needs of young people with mental illness

The project implemented the activities listed below to provide opportunities for health professionals to gain an increased knowledge of the needs of the target group. The CD ROM titled ‘My Psychotic Vacation’ developed by Amigo participants became a valuable education tool in achieving this objective.

Due to time constraints very little contact has been made with General Practitioners or Private Psychiatrists. However, this is an area that will be pursued across the regions to assist the project achieve this objective.

Whilst it is difficult to prove an increase in the level of knowledge of relevant health professionals, participants of the conference and workshop presentations informed project staff that their awareness of the issues from a young persons perspective had increased.

Outcomes Achieved

- Conference presentations
- Guest speaking roles
- Hospital visits
- Committee membership of young people and staff of Second Story within the mental health service (expanded upon within the report)
- Project Advisory Group included representative from CAMHS, Adult Mental Health Services, Southern Division of General Practitioners and the Noarlunga Health Village
- Consultation requests from intra and interstate services: EPPIC (Victoria Mental Health Service)
- Workshops for Second Story staff resulting in each site developing Peer Consultation Training programs.

Future Developments

- Train the trainer video to be developed by Child and Youth Health in consultation with participants of the Amigos group
- Train the trainer workshops to be delivered in the Riverland rural region of South Australia
- Consultations with General Practitioners and Psychiatrists in the community.
2. Improve the level of community understanding (in particular young people) of issues affecting young people with mental illness

The project developed a range of education programs and workshops (see following list of activities) that provided participants with an opportunity to improve their level of understanding in of the issues facing young people experiencing mental illness within the community and hospitals. The interest shown in the project by an increasing number of agencies and individuals (as detailed in the report) demonstrates an increased understanding of the issues facing these young people. In addition there has been an increase in services provided across the regions and with requests for train the trainer workshops in the rural areas of South Australia. The project will continue to work towards improving the level of community understanding with the support of the mental health system, peer consultants and Second Story staff across the 3 sites and within the rural regions of South Australia.

Outcomes
• Peer Consultant training and focus group programs involving young people
• Young people on committees within the mental health service, for example Southern Consumers Forum and a representative on the National Youth Round table
• Guest speaking roles: COPE, Mental health day displays in Rundle Mall
• Development and implementation of the Amigos group which is on-going and being developed across the three Second Story sites
• Development of the C.D.ROM / My Psychotic Vacation
• Production and presentation of the ‘Five Stories from Second Story’ skit to consumers and carers of mental health services
• Workshops for year 10 students at Seaview and Seaford High schools
• Peer Consultants provided a consultation service for young people who were experiencing mental illness for the first time

Future Developments

Training for thirty Peer Consultants across the metropolitan region who will continue consultation and the planning of future services that address the needs within the regions for young people experiencing mental illness. The project will continue to work towards improving the level of community understanding with the support of the mental health system, peer consultants and Second Story staff across the 3 sites and within the rural regions of South Australia.

3. Increase the range of services to support young people with mental illness through project initiatives

A number of new partnership initiatives have and are being developed that demonstrate an increase in access to services for the target group as well as the ongoing development of services within the southern region. These initiatives include:- :
• Development of a support group called AMIGOS which is on-going
• Programs for target group being developed in Elizabeth and City sites of the Second Story that will include a Peer Consultant component.
• Involved in the initial application and planning for the mobile response team for the 14 to 19 age group – Youth Link (CAMHS southern region) commenced practice in November 2000
• Hospital visiting program at Morier Ward (Noarlunga Hospital) and Paterson East (Glenside Hospital)
• Developed closer working relationships with CAMHS and Adult Mental Health Services. Regular meetings to explore continuous improvements for target group
• Support from the Morialta Trust for the Amigos group activities

Future Developments

Development of the Amigos program for a younger age group by Youth Link (CAMHS) in conjunction with Marion Youth Services. Second Story staff and a representative from the Amigos group will be members of the program advisory group for the younger age group.

4. Increase the knowledge and confidence of young people with mental illness in managing their illness

The range of project activities and following activities has enabled young people experiencing mental illness to gain an increase in their knowledge and identify strategies that support them to manage their illness. More young people will be able to benefit from the increased range of services, which has been a direct result of this project (see objective 3 results).

• Eight young people experiencing mental illness and at various stages of recovery completed the project having not experienced a relapse in mental illness
• Hospital visits enabled the Peer Consultants to model and give information and personal knowledge and experience around the attainment of wellness to patients
• Amigos Peer Consultant was able to work with Adult Mental Health Services to re-write the ‘Moving On’ program and support other young people through this education process ( own experience of gaining wellness and active participation within the community)

Future Developments

• Previous ‘Peer Consultants’ will participate in the development and implementation of the Amigos Peer Consultant Training across the three Second Story sites and the Amigos at Marion
• Hospital Visiting will be continued in the southern region
• Discussions are occurring around implementing hospital visiting by Peer Consultants for young people who are hospitalised at Glenside in the rural and remote ward
Increasing the knowledge and confidence of young people with mental illness in managing their mental illness became increasingly important as the project progressed. In the early stages of the project it became evident that mental health issues (for example, loneliness, isolation and diminished social capacity) play a significant role in the prevention, treatment and recovery stages of mental illness. The project model illustrated the importance of support and a non-stigmatising, safe environment that allows young people recovering from a mental illness the opportunity to better understand their mental illness, its trigger factors and how best to take control of their mental health status.

The project provided the framework for Peer Consultants to gain knowledge and understanding about the importance of mental health in relation to mental illness. All young people within the project were encouraged to see themselves as individuals and not as an illness. These skills and beliefs became part of their approach to life and were easily passed on to other young people and health professionals through all levels of the project. The peer participation model within the project has been acknowledged as a successful working model and has drawn much attention from other youth health and mental health services. The ‘CD Rom’ that was produced by three Peer Consultants provided an effective education tool for clients and health professionals.

4.5 Project Barriers

There were a number of factors that caused difficulty for the project. The factors include the following:

- the delay between the two project phases
- system problems which caused delays in reimbursement of Peer Consultants
- delays in the appointment of the Project Officer and Administrative Officer

4.6 Evaluation Results

The outcomes for the Peer Consultants exceeded all expectations. There were eleven Peer Consultants in Phase Two of the project. Eight of the original eleven completed Phase Two. The Phase Two Peer Consultants have gone on to either re-enter the workforce or continue further education.

Throughout the two years of the project, the information gathered from the informal verbal feedback, questionnaires and support letters illustrate the value of young people supporting other young people. Health professionals consistently showed interest in, and were supportive of the notion that early intervention for young people experiencing mental illness is important. Conferences provided health professionals with the opportunity to learn and challenge their thinking around treatment programs / options for young people with mental illness.

Peer Consultants spoke of the value that skill development had in the attainment of future life choices. For many it offered a safe environment to learn as well as providing a purpose each day.
It allowed flexibility to manage life pressures according to individual abilities. Activities such as peer involvement, speaking at and attending conferences, writing proposals, chairing meetings or participating in planning provided the Peer Consultants with confidence and a sense of control over their lives.

The project identified a lack of information and education in the community about specific needs of young people and the influence that positive mental health has on their lives and future health outcomes. The evaluation highlighted the need for further information, education and support for the community if we are to encourage young people with a mental illness to understand, accept and take control of their mental health status.

The collaboration between mental health services and generic health services supported young people to remain young people and not become the illness. Young people stated that they felt comfortable attending a generic health service because there was no stigma attached. It also allowed the opportunity to integrate with other young people. Although a mental health service treats all information with confidentiality, there is no confidentiality about why a person is attending.

Hospitalisation for young people is currently integrated with adults who may have lived with a mental illness for a long time and who may not view recovery in the same way. Participants in the Hospital Visiting Program identified that young people need to be with young people. They felt that this was because young people dealing with mental illness need to be reassured that mental illness is not a life sentence and with understanding and treatment, life can continue, they can recover and go on to achieve other goals in their lives.

It is important for young people’s normal developmental needs to be addressed during adolescence and the impact that mental illness can have on this developmental stage is well documented. The Peer Consultant group supported this, stating that their confidence around meeting people and moving away from the safety of their home was challenged. Peer Consultants outlined the benefits of recovering in a supportive environment. The project revealed that a youth specific service that addresses mental illness and the mental health status of young people would be widely used and extremely beneficial, particularly because of the confidentiality and lack of stigma attached.

### 4.7 Project Outcomes Summary

Further development of the project will create opportunities that continue to address community stigma and increase access to services for young people that are appropriate to their developmental needs. The project support letters (see appendix three) demonstrate the level of support for the project. Knowledge of relevant health professionals within the southern mental health system was increased and consequently influenced the practitioner’s assessment and communication with young people who came into contact with them. In addition, there have been an increased number of requests by relevant agencies, across the metropolitan regions of Adelaide, to work collaboratively with the Second Story increase the mental health status of young people with a mental illness.
Peer Education increased the knowledge and confidence of the young people who participated in the project. It also provided a communication pathway that involved young people advocating with key mental health professionals in the region. In addition, Peer Consultants were asked to contribute in the development of key policies affecting young people experiencing mental illness.

The aforementioned activities have supported the project to achieve and surpass its goal to improve the health outcomes of young people experiencing a mental illness living within the southern metropolitan regions. The project aims to continue advocating on behalf of young people experiencing a mental illness in order to increase access within the metropolitan and rural regions of South Australia.
5. FUTURE

5.1 Program Maintenance

The project will continue to provide a full range of Primary Health Care services for young people with mental health issues utilising self directed and experiential learning methodologies that aim to reduce risks and enhance protective factors. However, there are some areas within the project that were not addressed due to time constraints, for example, very little contact was made with General Practitioners or Private Psychiatrists and there was minimal contact made with young people in schools. Therefore, it is envisaged that strategies will be developed in collaboration with the Second Story Medical Officers that will target General Practitioners and Private Psychiatrists in the community. Furthermore, staff providing school based programs could include specific sessions on the mental health issues of young people.

5.2 Sponsoring Organisation Role

As the sponsoring organisation, Child and Youth Health will continue to meet at senior management with Mental Health Services to discuss the specific needs for young people experiencing mental illness and mental health issues. At the team level, Southern Mental Health Services have expressed their interest in joint ventures with the Peer Consultants and input from a TSS staff representative on relevant committees.

The value of working collaboratively has been illustrated by clients being referred to the peer support program or to other programs or services within the southern branch of TSS as appropriate to need. It is expected that this relationship will continue and develop to further increase the health status of young people’s mental health.

5.3 Lessons Learnt

The following lessons were learnt:

• project staff needed to be provided / allocated time to respond to numerous intra and interstate enquiries about the project and to respond to requests for Peer Consultants to speak at meetings and workshops
• one full-time position may have been more manageable than two part-time positions
• because the Project Coordinator was also a TSS staff member, there needed to be clear definition between the roles
• the pilot project resulted in a significant increase in mental health referrals to TSS
• reimbursements to Peer Consultants were subject to Centrelink income testing and affected youth allowance payments
5.4 Recommendations

It is therefore recommended that:

1. the project continues to be further developed in the southern metropolitan regions of Adelaide
2. a train the trainer package be developed
3. the project model, outcomes and training are offered to services within the metropolitan and rural regions of South Australia
4. links with and between mental health services continue to be further strengthened
5. further contact with the private sector General Practitioners and Psychiatrists
6. further collaboration with mental health services to explore expanding youth specific mental health services

The project is currently furthering these recommendations.
Mental health is an integral component of young people’s health status. Often the importance of this is not seen until a person becomes mentally ill. Between the ages of twelve and twenty-five young people go through major changes to their physical body, emotional status, social status and self-esteem. The complexity of these changes often go unnoticed by parents, friends, school staff and the community at large. During this time young people may experience adversities in relation to schooling issues, decisions around careers, start and completion of first relationships, unwanted pregnancies, gender identities, family breakdown, loss and grief, leaving home, independence and finances. These issues for some young people become significant life stresses which combined with adolescent development, genetic factors, absence of a significant support person, drug usage and other not so positive strategies to deal with stress may contribute to mental illness.

The Peer Support for Mental Health Project supported young people to acknowledge these life stresses, understand their mental illness and the correlation between the two. Peer Consultants came into the project following the experience of recent mental illness, and the majority of Peer Consultants left with a sound understanding and acceptance of their mental illness and its relation to their mental health status. These young people also provided a positive role model for young people in hospital, hospital staff, mental health professionals and young people within the community mental health services. For those young people who were experiencing poor mental health, the Peer Consultants were able to provide hope and a “light at the end of the tunnel”.

The project raised awareness within the mental health services at local, state and national levels with regard to the specific needs for young people, mental illness and a positive mental health status. The project offered increased opportunities for The Second Story staff to work collaboratively with Child Adolescent Mental Health Services and Southern Mental Health Services. Professional development for the Second Story staff around mental illness, its treatment and crisis intervention was supported through individual discussions or through workshops provided by mental health service professionals. This increased staff’s capacity to work more effectively with the population target.
7. BUDGET DETAILS

Peer Support for Mental Health Budget Expenditure Report

Salaries and Wages

- Community Health Worker ASO4 21,438
  0.5fte for 12 months plus on costs
- Administrative ASO1 6,330
  0.2fte for 12 months plus on costs
- Sessional Instructors 7,210
  (incl. Peer Consultants)

Total of project costs to the nearest dollar for the report period is-: $34,978.00

Goods and Services

- Computer and software 907.00
- Publicity 699.00
- Equipment Hire 410.00
- General Food 909.00
- Stationery / photocopying / office supplies 920.00
- Telephone 380.00
- Conference attendance / travel / accom. 5,655.00

Total of project costs to the nearest dollar for the report period is-: $9,880.00

In kind Support

Salary and Wages

- Community Health Nurse CHN2 27,445.00
  0.5fte for 12 months

Total of project costs to the nearest dollar for the report period is-: $27,445.00

Goods and Services

- Government Vehicle CYH (cost of vehicle fleet hire) 952.00
- Accommodation ($70 per 52 week) 3,640.00
- Computer / networking / internet 3,480.00
- Management Support 2,808.00

Total of project costs to the nearest dollar for the report period is-: $10,880.00

Child and Youth Health total financial support for the project $38,325.00
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<thead>
<tr>
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<th>Original expenditure</th>
<th>Budget to date</th>
</tr>
</thead>
<tbody>
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<td>SALARIES</td>
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<td>41,200-00</td>
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<tr>
<td>GOODS AND SERVICES</td>
<td>9,880-03</td>
<td>23,000-00</td>
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<td>ADDITIONAL REVENUE</td>
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<td>TOTAL</td>
<td>44,857-76</td>
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</table>

I certify that the South Australian Health Commission funds have been expended as set out above and payments are in accordance with the Terms and Conditions of Funding under the Primary Health Care Initiatives Program 1996-97, for this particular project.

Authorised officer: Second Story Youth Health Service

Name: Kevin Matthews, Strategic Manager, Financial Policy and Planning

Signature: [Signature]

Date: 7/11/00

The Final Financial Statement shall be submitted to
Primary Health Care Initiatives Program 1996-97
Strategic Policy and Planning Branch, SA Health Commission
PO Box 65, Rundle Mall SA 5000.
**Budget Expenditure Summary**

Budget variations occurred from the original submission due to the interest shown in the project by other service providers and organisations within Australia. Invitations for Project Staff and the Peer Consultants to attend various conferences (intra and interstate) to present the model increased as the project became seen as a model of ‘best practice’. Monies were therefore transferred from the transport and training workshop categories to accommodate these costs.

The project successfully sought approval from the funding body to increase the publicity category in order to develop the ‘CD.Rom.’ The package when developed was used for presentations at conferences and workshops.

The Second Story vehicle provided transport for the participants, which created savings in the transport category.

The project was able to attract funds from a range of services and businesses in the southern region that included the following:

- Noarlunga Council
- Christies Beach Traders Association
- National Early Psychosis Association
- Parents

The project budget is under spent by $21,645.00. A letter has been written to Mr. Andrew Stanley who has responded and supported that the surplus funds be used to further develop the project and build upon its outstanding achievements.
8. ACKNOWLEDGMENTS

The project staff acknowledge that the project would not have gone ahead or achieved such wonderful outcomes if not for the contributions, dedication, skills, laughter, tears, patience and large amounts of time given by the peer consultants. For this the Second Story Youth Health Service (South) give a heart filled thanks and congratulations for a task well done. To the Peer Consultants of Phase One “you carved the way”, raising the awareness of issues needing to be addressed. Phase Two Peer Consultants followed your lead undertaking the planning process, negotiations, and all work required achieving the project goal, objectives and outcomes.

**Phase 1 Peer Consultants:**
- Luke
- Alana
- Lynessa
- Susan
- Carrie
- Nicole
- Steven
- Rebecca

**Phase 2 Peer Consultants:**
- Steven
- Lynessa
- Tim
- Ben
- Jonathon
- Renae
- Peter
- Cherie

To Dominic, Susie, Adam, Tarranie who were unable to complete the project, the Project Team wish to extend their thanks and wish you well for the future.

To CAMHS at Marion whose support and acknowledgment of the project has enabled strong links to develop. To Samantha Gibbon your time, expertise and continual support to the young people, Peer Consultants and Project Coordinator has really been appreciated. Your involvement with the support group has enabled the group to succeed in many of their pursuits. The benefits of collaboration has been a strength to the project.

To the CHAMPS and Headroom project teams as well as the many agencies and personnel that supported and encouraged the project to reach fruition, the Project Team wish to acknowledge your enthusiasm, time commitment and personal input. Without acknowledgment and acceptance for the project by external agencies the project could not have proceeded.

The Staff of the Second Story Division of Child & Youth Health from whom we received much support, friendship, professional guidance and patience, your commitment to the project was always gratefully received.

To Sara Cochraine, the project worker who unfortunately was unable to complete her commitment to the project due to ill health, the Project Team wishes to express their gratitude for the work, friendship and support given to the project and Peer Consultants.
The Project Advisory Group whose time and commitment has been acknowledged in the evaluation, thank you all. To the agencies they represented we offer our gratitude for the support and commitment, which enabled your staff to fulfil a role on the Project Advisory Group. The importance of your agency involvement to the outcomes of the project is acknowledged.

Chris Wigg, State Representative for the National Early Psychosis Project provided much guidance, professional development and support to the Project Workers and Peer Consultants. Your continual encouragement, patience and up to date information were gratefully accepted and we express our sincere thanks.

To the Onkaparinga Council, Beach Road Markets, Holmes and Associates, National Early Psychosis Project and the Southern Regional Mental Health Consumers’ Group, the Peer Consultants and Project say a heart filled thanks for your donations which made attendance and presentations at conferences possible.

To the members of the Southern Region Mental Health Consumers’ Group, especially Ann Smith and Trevor Parry, many thanks for your continual support to the project and the Peer Consultants.

Southern Mental Health Services Early Psychosis Teams, the ACIS team Marion and Southern Mental Health Services Professional Development Officer, many thanks from the Second Story Staff for the professional development and the individual client support through out the project.

To Paterson Ward Glenside Hospital and Morier Ward Noarlunga Hospital, the Peer Consultants enjoyed the opportunity to provide a service for other young people experiencing a mental illness and they thank you for your support and encouragement.
9. APPENDICES

Appendix One: Evaluation Plan
Appendix Two: Timetable of Events
Appendix Three: Support Letters
Appendix One

Evaluation Plan including: -

- Peer Consultant Questionnaire
- Project Advisory Group Questionnaire
- Conference Feedback Form
- Focus Group Feedback Form
- School Student Questionnaire
Evaluation Plan

Peer Support for Mental Health Project

Goal: Through a peer consultative approach, improve the health outcomes of young people with mental illness within the Southern Metropolitan Region of Adelaide.
### Objective 1

To increase the level of knowledge of relevant health professionals in identifying and addressing the needs of young people with mental illness

#### Impact Indicators (Objectives)

- Increased knowledge of relevant health professionals in identifying and addressing the needs of young people with mental illness

#### Data Collection Methods

- Survey of health professionals (re: the increase of their knowledge in identifying and addressing the needs of young people with mental illness)
- Survey of young people in the hospital visiting program, the community support group, and the Peer Consultants (re: increased knowledge of health professionals in identifying and addressing the needs of young people with mental illness)
  - on first contact
  - bi-monthly throughout contact with the project

#### Strategies

- Recruit and train Peer Consultants
  - An effective peer consultative group with the project worker will:
    - develop working partnerships (individual / group) with relevant mental health professionals to identify, address and respond to the specific needs of young people, through Peer Consultants’ participation in:
      - Project Advisory Group

#### Process Indicators (Strategies)

- Number of Peer Consultants recruited and trained
- Training modules completed by Peer Consultants
- Relevance / quality of training to Peer Consultants
- Number and quality of partnerships achieved with health professionals

#### Evaluation Methods

- Project records / journal
- Project records
- Feedback questionnaires
- Survey of health professionals re: quality of partnerships
- Survey of Peer Consultants re: quality of partnerships
- Minutes of PAG meetings
- Questionnaire for PAG members – in July
<table>
<thead>
<tr>
<th>Objective 1</th>
<th>Impact Indicators (Objectives)</th>
<th>Data Collection Methods</th>
<th>Strategies</th>
<th>Process Indicators (Strategies)</th>
<th>Evaluation Methods</th>
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<tbody>
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<td>Long-term: consulting with committees and working groups (e.g. CAMHS committee, Southern Mental Health Consumers’ Group)</td>
<td>Level of participation on committees and working groups and numbers attending</td>
<td>Minutes of committees and working groups</td>
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<td>Short-term: consultation on the ‘Facility’ at FMC</td>
<td>Number of Peer Consultants involved and level of consultation with FMC re: the ‘Facility’</td>
<td>Questionnaire for members of committees and working groups – in July</td>
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<td>Conference presentations</td>
<td>Participation in conference presentations</td>
<td>Peer Consultants’ report on the ‘Facility’ consultation</td>
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Copy of conference presentations and project records  
Copy of conference programs  
Peer Consultant reports on conference presentations
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<tr>
<th>Objective 1</th>
<th>Impact Indicators (Objectives)</th>
<th>Data Collection Methods</th>
<th>Strategies</th>
<th>Process Indicators (Strategies)</th>
<th>Evaluation Methods</th>
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<td></td>
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<td>- identify training requirements of health professionals (through consultation with health professionals and incorporating stage 1 consultation results) regarding the needs of the young people with mental illness</td>
<td>Training requirements of health professionals regarding the needs of young people with mental illness are identified</td>
<td>Individual consultation and survey of health professionals re: their needs for training regarding the needs of young people with mental illness</td>
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<td>- establish forums for Mental Health Professionals, in which to increase their knowledge of the needs of young people with mental illness</td>
<td>Number of forums held</td>
<td>Copy of stage 1 consultation report – young peoples’ perspective of health professionals’ training needs</td>
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<td>Numbers attending the forums</td>
<td>Project records</td>
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<td>Details of forums</td>
<td>Feedback questionnaire for health professionals re: the forum’s presentation and content</td>
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</table>
### Objective 2
To improve the level of community understanding (in particular young people) of issues affecting young people with mental illness

### Impact Indicators
**Objective**
To improve the level of community understanding (in particular young people) of issues affecting young people with mental illness

### Data Collection Methods
**Methods**
- Increased community understanding of the issues affecting young people with mental illness
- Feedback from community members participating in community education activities:
  - informal / verbal
  - formal / written

### Strategies
**Recruit and train Peer Consultants**
An effective Peer Consultant group with the support of the worker will:
- undertake consultation with the community to identify information needs (e.g. school education project in consultation with School Principals)

### Process Indicators**
**Number of Peer Consultants recruited and trained**
**Training modules completed by Peer Consultants**
**Relevance and quality of training to Peer Consultants**

### Evaluation Methods
**Project records/journal**
**Project records**
**Feedback questionnaires**
**Consultation with School Principals, including an interview and a questionnaire re: the student and staff needs for information**
<table>
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<th>Objective 2</th>
<th>Impact Indicators (Objectives)</th>
<th>Data Collection Methods</th>
<th>Strategies</th>
<th>Process Indicators (Strategies)</th>
<th>Evaluation Methods</th>
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<td>- develop educational material such as:</td>
<td>Production of educational materials including:</td>
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<td>- pamphlets / posters</td>
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<td><strong>Objective 2 Impact Indicators (Objectives)</strong></td>
<td><strong>Data Collection Methods</strong></td>
<td><strong>Process Indicators (Strategies)</strong></td>
<td><strong>Evaluation Methods</strong></td>
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<td><strong>Strategies</strong></td>
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<td></td>
<td>- conduct community education forums (eg. Mental Health / Youth Week displays)</td>
<td>Number of forums</td>
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<td>- develop processes to distribute written information / educational material (eg. mailing lists, web-site)</td>
<td>Numbers attending forums</td>
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<td>- effectively distribute educational materials</td>
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<td>Feedback received from community (questionnaire &amp; informal) re: appropriateness and quality</td>
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<td>Copy of complete mailing list and webpage</td>
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<td>To increase the range of services to support young people with mental illness, through project initiatives</td>
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<td>Report from services* (see list of services attached) re: the increase in service provision</td>
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<td>Number of Peer Consultants recruited and trained</td>
<td>Project records / journal</td>
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<td>Project report on the increase in services provided through the project</td>
<td></td>
<td>Training modules completed by Peer Consultants</td>
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<td>Questionnaire for young people re increases in service provision</td>
<td>An effective Peer Consultant group with the support of the project worker will:</td>
<td>Relevance / quality of training to Peer Consultants</td>
<td>Feedback questionnaires</td>
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<td>- through consultation explore the feasibility of establishing additional services such as: a hospital visiting group, a community support group and school education program</td>
<td>Feasibility reports completed for additional services</td>
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<td>- establish these services, where appropriate</td>
<td>Establishment of additional services, where appropriate</td>
<td>Documentation of establishment process – minutes, journal, proposal, etc.</td>
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<td>- monitor progress of additional services</td>
<td>Monitoring progress of additional services</td>
<td>Progress reports on additional services</td>
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<td>Service reports / records</td>
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<td>- ages of participants</td>
<td>Peer Consultant reports</td>
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<td>- suburbs of residence</td>
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<td>- whether referral from other services</td>
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</table>
### Objective 4

- **To increase the knowledge and confidence of young people with mental illness in managing their illness**

### Impact Indicators (Objectives)
- Increased knowledge of young people with mental illness in managing their illness
- Increased confidence of young people with mental illness in managing their illness

### Data Collection Methods

- **Strategies**
  - Recruit and train Peer Consultants
  - Support and continue the program of skill development for the Peer Consultants, to increase their ability to manage their own illness and their life choices, through:
    - Peer Consultant training and participation in project strategies (e.g. presenting at conferences, developing partnerships, hospital visiting)

### Process Indicators (Strategies)
- Number of Peer Consultants recruited and trained
- Training modules completed by Peer Consultants
- Relevance / quality of training to Peer Consultants
- Increased level of skill development of the Peer Consultants
- Types of skills acquired:
  - formal / during Peer Consultant training
  - informal / through participation in the project

### Evaluation Methods
- Project records / journal
- Project records
- Feedback questionnaires
- Project staff assessment of individual skill development
- Training modules provided
- Questionnaire on the effectiveness of the training for Peer Consultants
- Peer Consultants own skill evaluation – diaries
Peer support for Mental Health Project

**Peer Consultant Evaluation**

1. Where do you see your involvement with the project at the moment?

2. What have you personally accomplished from the project up to the present?

3. What do you personally wish to accomplish from the project over the next 11 months?
4. What do you think we are doing well in the project?

5. What do you think we need to improve?

6. Has the project helped your wellness in any way?
Peer Support for Mental Health Project

Final Peer Consultant Evaluation

Information about this questionnaire

This questionnaire contains statements about the presentation you have just been presented. Could you please indicate the extent to which you agree or disagree with each statement on the basis of your experience, by marking the appropriate characters.

Key to characters

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<th>Character</th>
<th>Description</th>
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</thead>
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<td>SA</td>
<td>Strongly agree</td>
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<tr>
<td>A</td>
<td>Agree</td>
</tr>
<tr>
<td>N</td>
<td>Neutral</td>
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<tr>
<td>D</td>
<td>Disagree</td>
</tr>
<tr>
<td>SD</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>NA</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

1. My knowledge of managing my mental illness has increased.
   SA   A   N   D   SD   NA

2. My confidence in managing my mental illness has increased.
   SA   A   N   D   SD   NA

3. The Peer Consultant Training increased my skills.
   SA   A   N   D   SD   NA

4. The Peer Consultant Training increased my knowledge.
   SA   A   N   D   SD   NA

5. The Peer Consultant Training was relevant.
   SA   A   N   D   SD   NA

6. The peer consultant Training was of high quality.
   SA   A   N   D   SD   NA
7. The range of services for young people with mental illness has increased.

SA A N D SD NA

8. The knowledge of relevant health professionals in identifying and addressing the needs of young people with mental illness has increased.

SA A N D SD NA

9. Quality working partnerships with mental health professionals have been achieved.

SA A N D SD NA

10. Participation in the Project Advisory Group was beneficial.

SA A N D SD NA

11. The Peer Support for Mental Health Project has increased my life opportunities.

SA A N D SD NA

12. The Peer Support for Mental Health Project has improved my well-ness.

SA A N D SD NA

13. The Project Staff have been supportive.

SA A N D SD NA

14. The Project Staff worked in partnership with Peer Consultants.

SA A N D SD NA

15. Interaction with the Project Staff was excellent.

SA A N D SD NA

| Comments |

Thank you for your participation.
Information about this questionnaire

This questionnaire contains statements about the Peer Support for Mental Health Project. Could you please indicate the extent to which you agree or disagree with each statement on the basis of your experience, by marking the appropriate characters. Should you wish to make a further comment please do so in space provided.

Key to characters

SA - Strongly agree
A - Agree
N - Neutral
D - Disagree
SD - Strongly disagree
NA - Not applicable

1. Participation in the Project Advisory Group was beneficial for my organisation.
   SA  A  N  D  SD  NA

   Further Comment

2. I believe the project successfully addressed the Project Goal
   SA  A  N  D  SD  NA

   Further Comment

3. I believe the Project successfully addressed the Project Objectives.
   SA  A  N  D  SD  NA

   Further Comment
4. The Project staff were accountable to the Peer Consultants.

SA A N D SD NA

Further Comment

5. The Project staff worked in partnership with Peer Consultants.

SA A N D SD NA

Further Comment

6. As a member of the Project Advisory Group my input was valued.

SA A N D SD NA

Further Comment

7. The Project staff were accountable to the Project Advisory Group by way of reports, previous minutes and financial reports throughout the Project.

SA A N D SD NA

Further Comment

8. I believe the Project provided a useful Model of intervention for young people recovering from an experience of mental illness.

SA A N D SD NA

Further Comment
9. I would recommend the Peer Support For Mental Health Project model to other health professionals.

   SA       A       N       D       SD       NA

   Further Comment

10. Workings in partnerships with mental health professionals have been achieved?

   SA       A       N       D       SD       NA

   Further Comment

11. The Peer Support for Mental Health Project has increased life opportunities for the young people involved.

   SA       A       N       D       SD       NA

   Further Comment

12. The Peer Support for Mental Health Project has encouraged young people to be responsible for their own health status.

   SA       A       N       D       SD       NA

   Further Comment

13. The Project Staff have been supportive?

   SA       A       N       D       SD       NA

   Further Comment
14. Interaction with the Project Staff was respectful

SA  A  N  D  SD  NA

Further Comment

Comments

Thank you for your participation.
PEER SUPPORT FOR MENTAL HEALTH PROJECT
1998

Community Education Evaluation Questionnaire

Information about this questionnaire

This questionnaire contains statements about the presentation you have just been presented. Could you please indicate the extent to which you agree or disagree with each statement on the basis of your experience, by marking the appropriate characters.

Key to characters

<table>
<thead>
<tr>
<th>SA</th>
<th>A</th>
<th>N</th>
<th>D</th>
<th>SD</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Questions

1. I found the presentation interesting.                                             SA  A  N  D  SD  NA

2. I found the information about the young peoples’ individual experiences useful. SA  A  N  D  SD  NA

3. I found the information about the project useful.                                 SA  A  N  D  SD  NA

4. The subject matter was treated at a suitable depth.                              SA  A  N  D  SD  NA

5. My knowledge/understanding of this subject/issue has increased.                SA  A  N  D  SD  NA

Comments

Thank you for your participation.
Appendix Two

Timetable of Events
# PEER SUPPORT FOR MENTAL HEALTH PROJECT

## EVENTS/TIMETABLE

August 1997 – December 1997

### Regular Meetings

<table>
<thead>
<tr>
<th>Event</th>
<th>Time Frame</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Peer Consultants Group Meeting</td>
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</thead>
<tbody>
<tr>
<td>Discussions commenced for Project Officers Position</td>
<td>Program planning &amp; liaison with Mental Services</td>
<td>Health professionals approached re: membership of Project Advisory Group</td>
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<tr>
<td></td>
<td></td>
<td>Project proposal, roles and responsibilities for Project Advisory forwarded to prospective members.</td>
<td>Invitation extended to Phase 1 Peer Consultants to attend Project Advisory Group meeting</td>
<td>Discussions re Admin Position: PID</td>
</tr>
</tbody>
</table>
# Peer Support for Mental Health Project

## Events/Timetable


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<tr>
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<td></td>
<td></td>
<td></td>
<td>CAMHS conference. Attendance presentation planning</td>
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<td></td>
<td>Planning commenced with Peer Consultants re training need for new consultants</td>
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<td></td>
<td>Meeting of interview panel re: Formation of interview questions. For Admin Officer Position. Peer Cons involvement</td>
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<td></td>
<td>DASC and Computer training continued for Peer Cons.</td>
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<tr>
<td></td>
<td>Training for Peer Consultants personal diaries and PESD skills</td>
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<td></td>
<td>Sthn Mental Health Service Early Psychosis Meeting Peer Consultants attended</td>
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<td></td>
<td>Meeting with key worker Carrimar Clinic</td>
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<tr>
<td>Meeting with CYH finance to formalise reimbursement for Peer Consultants</td>
<td>Interview and position offer. Admin Officer appointed</td>
<td>Peer Consultants facilitated training workshop</td>
<td>Selection criteria for Peer Consultants interviews for CAMHS conference</td>
<td>Program planning with Southern Mental Health Noarlunga Continuing Care Team</td>
<td>Discussion with Mental Health Promotion Unit re: funding for Conference attendance for young people</td>
<td></td>
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</tr>
<tr>
<td>Southern TSS team attended Early Psychosis training Adelaide Clinic</td>
<td>Recruitment process for additional Peer Consultants commenced by contacting Mental Health Youth Health Services, schools and community health services</td>
<td>Met with DASC re: program/Training for Peer Consultants</td>
<td>Peer Consultants evaluated training sessions Further training need discussed</td>
<td>Peer Consultants held discussions around fund raising for attendance at the 2nd National Early Psychosis Conference</td>
<td>Discussion with Mental Health Promotion Unit re: funding for Conference attendance for young people</td>
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</tr>
<tr>
<td>Discussion with Drug and Alcohol Service Council Education Unit re: dates for Peer Cons training</td>
<td>TSS Southern Staff workshop by ‘Out of the Blues’ project staff</td>
<td>Met with Graham Martin to discuss project proposal</td>
<td>Abstract submitted for 2nd National Early Psychosis Conference Tasmania</td>
<td>Workshop on Youth Participation and Accountability conducted by Youth SA</td>
<td>Meeting with TSS City staff member re: Peer Cons ‘Lights’ workshop</td>
<td></td>
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</tr>
<tr>
<td>Met with Reynella Enterprise re: computer training for Peer Consultants</td>
<td>Discussion with Peer Consultants Phase 1 re: recruitment flyer</td>
<td>Information session at Marion Youth Centre for prospective Peer Consultants</td>
<td>Kids Helpline training confirmed 3 days</td>
<td>Proj worker position advertised. SMH team leader &amp; project coord involved</td>
<td>Presentation by Peer Cons to Flinders University Counsellors re mental illness</td>
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<tr>
<td>Abstract submitted for Third National CAMHS Conference July 1998</td>
<td>Peer Consultants one to one supervision meetings held</td>
<td>Established 5 sub groups within the project to address Hospital Visiting Community Support Group and Community Education Project Advisory Group and Health Professional Working Party. Selection by Peer Consultants of preferred task group involvement</td>
<td>CAMHS conference attendance by Peer consultants and Project Coordinator</td>
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<tr>
<td>Expression of interest received from perspective Peer Consultants</td>
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<td>Eleven young people invited to train as peer</td>
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<tr>
<td>Advertising &amp; Short listing for Admin Position Peer Consultants involved</td>
<td>Planning meetings commenced for in-house training for Peer Consultants</td>
<td>Peer Consultants Personal goals and outcomes discussed and journalised</td>
<td>Hospital visiting task group met for the first time</td>
<td>Mental Health week planning</td>
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<tr>
<td>Negotiations commenced re: purchase of IT equipment</td>
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<tr>
<td>Peer Cons present at TSS for staff meeting</td>
<td>2 in-house training session held for P Cons</td>
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<tr>
<td>Project Presentation</td>
<td>DASC training 3 days</td>
<td></td>
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<tr>
<td></td>
<td>Computer training Reynella Enterprise Centre 5 sessions</td>
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<tr>
<td></td>
<td>Discussions held Mission SA re: 'Kids Helpline' training</td>
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<tr>
<td></td>
<td>Met with Andrew Wood CAMHS re: proposal for Mobile Assessment Services for 14-18 yr old</td>
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PEER SUPPORT FOR MENTAL HEALTH PROJECT

EVENTS/TIMETABLE


Regular Meetings

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<tbody>
<tr>
<td>Women’s and Children’s contacted re: Hospital Visiting proposal</td>
<td>Project worker and 3 peer consultants attend and present at 2nd National Early Psychosis Conference</td>
<td>Application and support letters written for 3 young people to the National Round Table</td>
<td>Peer consultants supervision (Peer Con Sup)</td>
<td>Meeting with Southern Division of GP Mental Health Representative</td>
</tr>
<tr>
<td>Contact with Open Access College re production of CD ROM for Early Psychosis Conference</td>
<td>Discussion with Carramar Clinic re: Community Support Group</td>
<td>Hospital Visiting proposal completed</td>
<td>Messenger press article re: Support Group</td>
<td>Letter to Bill Rouston re Project Advisory Group</td>
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<tr>
<td>Presentation to Student Counsellors and Health Lecturers at Flinders University</td>
<td>Design Community Support Group flyer and distribute</td>
<td>Meeting with CHAMPS, Partnership with Youth, Youth Project NHV re: partnership difficulties</td>
<td>Application letter to funding body requesting variation to funding agreement CD production</td>
<td>Meeting with CAMHS Marion team leader re CAMHS worker support for AMIGOS group</td>
</tr>
<tr>
<td>Planning for Early Psychosis Conference</td>
<td>Discussion with Andrew Wood re: design and staffing requirements and program for 14 – 22 age ward accommodation within the new ‘facility’ at FMC</td>
<td>Further consultation with Interact Media Services re commercial production of CD ROM ‘My Psychotic Vacation’</td>
<td>Meeting with GP from Southern Division of General Practitioners re: project</td>
<td>Early Psychosis Meeting Southern Mental Health Services</td>
</tr>
<tr>
<td>Mental Health Week discussions</td>
<td>Attendance at SMH Consumer Advisory Group Meeting</td>
<td>Risk management procedures for Community Support Group discussed</td>
<td>Attendance and presentation at Out of the Blues Conference</td>
<td>Project overview &amp; CD ROM presentation to Northern and Southern CAMHS teams</td>
</tr>
<tr>
<td>Investigations started for further external funding of project</td>
<td>Inter-agency contact re: volunteer package for risk management</td>
<td>Mental Health week – stall in the Rundle Mall</td>
<td>Attendance at CHAMPS workshop Murray Bridge</td>
<td>Attendance at Southern Fleurieu Advisory Group meeting</td>
</tr>
<tr>
<td>Attendance at Out of the Blues lecture re: depression Flinders Medical Centre</td>
<td>Attendance at SMH Marion Early Psychosis Meeting</td>
<td>First Community Support Group – Reynella Enterprise Centre</td>
<td>Mandatory training peer consultants</td>
<td>Contact from nurse manager Patterson East Unit, Glenside Hospital re Hospital Visiting</td>
</tr>
<tr>
<td>Negotiations re Mental Health stand Rundle Mall ‘Mental Health’ week</td>
<td>Consultants questionnaire re project status</td>
<td>Out of the Blues Conference planning</td>
<td>Attendance at W&amp;CH Partnership with Youth Project web launch</td>
<td>Preliminary discussions held re: School Education Package</td>
</tr>
<tr>
<td>Discussion with CAMHS re: Hospital Visiting Boylan Ward W&amp;CH</td>
<td>Visit from EPIC (Victoria) re: project model Peer consultants presentation</td>
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<td>Meeting with PHCI grants funding body staff</td>
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<tr>
<td>Contacted Health Promotion Unit Health Commission Onkaparinga Council and National Early Psychosis state rep for support funding for 3 peer consultants to attend and present at 3rd National Early Psychosis Conference Hobart</td>
<td>Negotiations with Aus Circus re :entertainment at Mental Health week</td>
<td>Presentation to PHCI Group funding team of CD ROM</td>
<td>Contact with Centrelink re peer consultants payments</td>
<td></td>
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<tr>
<td>Attendance at SMH Consumer Advisory Group</td>
<td>Out of the Blues expression of interest and selection of peer consultants</td>
<td>Meeting with Flinders Uni counsellors re support group for young people with mental illness attending Uni</td>
<td></td>
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<tr>
<td>Meeting with Louise Mobrey re evaluation plan for project</td>
<td>Request received for membership on Southern Fleurieu Advisory Group</td>
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<tr>
<td>Project worker commenced</td>
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<tr>
<td>Planning and recording of CD ROM presentation with Interact Media Services</td>
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<tr>
<td>Expression of interest for peer consultants to present and attend at Our Lives, Our Choices Conference</td>
<td>Presentation planning for Our Lives, Our Choices Conference</td>
<td>Attendance and presentation at Our Lives, Our Choices Conference – Adelaide</td>
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# PEER SUPPORT FOR MENTAL HEALTH PROJECT

## EVENTS/TIMETABLE

January 1999 – August 1999

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<tbody>
<tr>
<td>Meeting with project worker Rural Mental Health re: project design</td>
<td>Peer Consultant Supervision</td>
<td>Visited North Adelaide School of Art re: new images for CD ROM</td>
<td>Meeting with CAMHS Marion Team Leader re: Support Group</td>
<td>Peer Consultant Supervision</td>
<td>Cope planning meeting</td>
<td>Cope Workshop for Youth Workers Peer Consultant facilitated</td>
<td>Peer Consultant Supervision</td>
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<tr>
<td>Attended team meetings for all CAMHS and Southern Mental Health Service re AMIGOS Support Group</td>
<td>Discussion with Interact Media Services re copy right for music and images on CD</td>
<td>Met with Department of Psychiatry FMC re: Hospital Visiting</td>
<td>Consult with Inside Out program Re: Partnership with Youths</td>
<td>Youth Health Project Ref Group Victor Harbour</td>
<td>Suicide Awareness training</td>
<td>Met with Director of SMH services</td>
<td>Contact with Centrelink re: young peoples payments</td>
</tr>
<tr>
<td>Youth Views Project Meeting with Mental Health Services SA Health Commission</td>
<td>Met with Seaford High School year 10 students re: Mental Health Workshops</td>
<td>Peer Con OHS Training</td>
<td>Met with TSS South Team Leader re Offender History and Hospital Visiting Protocols</td>
<td>Meeting with Morier Ward NH</td>
<td>Protective Behaviour training for peer consultants</td>
<td>Meeting with Southern Mental Health Consumer Group re: Funding for Peer Consultants to attend Themes Conference</td>
<td></td>
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<tr>
<td>Request for project outline article for Queensland Mental Health Services newsletter</td>
<td>Youth Health Project Ref Group Victor Harbour</td>
<td>Met with SMH re: Early Inter group for Young People</td>
<td>Hosp Visiting Patterson East Orientation</td>
<td>Planning for Seaford 6-12 re: Mental Health Issues</td>
<td>Meeting with National Youth Coalition for Housing Project Officer Re: Mental health Illness</td>
<td>Youth Health Project Reference Group Victor Harbour</td>
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<td>January 1999</td>
<td>February</td>
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<td><strong>Meeting with Coordinator of Southern Fleurieu Youth Project re: Working in Youth Partnership</strong></td>
<td><strong>Staff Meeting with SMHS Marion Peer Consultants and Coordinator attended</strong></td>
<td><strong>Meeting with Director Southern Mental Health Glenside Hospital</strong></td>
<td><strong>Consultation re Hospital Visiting Booklet</strong></td>
<td><strong>Hospital Visiting Morier Ward orientation</strong></td>
<td><strong>Planning meeting with CANHS Worker re AMIGOS support group</strong></td>
<td><strong>Staff Development re Drugs and Mental Illness given by Psychiatrist SMH Services</strong></td>
<td><strong>Meeting with funding body re: CD ROM production</strong></td>
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<td><strong>Meeting with funding body re: CD ROM production</strong></td>
<td><strong>Guest Speakers Depression Support Group North Adelaide</strong></td>
<td><strong>Meeting with WCH re: Hospital Visiting</strong></td>
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<td><strong>Peer Consultant Support letter for National Youth Round Table application</strong></td>
<td><strong>Attendance at Consumers Day Narrative Therapy Conference</strong></td>
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<td><strong>Attendance at Consumers Day Narrative Therapy Conference</strong></td>
<td><strong>Attended Staff Meeting at CAMHS</strong></td>
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<td><strong>Peer Consultant nomination for Young Australian of the Year</strong></td>
<td><strong>Presentation for Mood Disorders Association</strong></td>
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Appendix Three

Support Letters
30 April, 1999

Queen’s Trust for Young Australians
C/- Johnston Withers and Associates
170 South Terrace
ADELAIDE SA 5000

To whom it may concern:

Re: Peer Support for Mental Health Project - Queen’s Trust for Young Australians

I have been involved with the Child and Youth Health Service Second Story Peer Support for Mental Health Project, since its inception in 1997, as a consultant on the Project Advisory Committee. During that time I was the South Australian Coordinator of the National Early Psychosis Project, responsible for education and training of mental health staff in preventative service delivery models for young people with first episode psychosis. My position has since changed where I am now the Staff Development Officer for Southern Mental Health, coordinating staff training and service development of this large community based service. However, I continue to maintain a close connection and interest in this project, and proudly promote it to clients within our service.

The project has been excellent in a number of different ways. The project coordination, through Liz Higgs, has led to the establishment of a number of partnerships between health related service organisations in southern Adelaide, and greater attempts at breaking down barriers to improve service access for young people. These partnerships will live on beyond the life of the project and will continue to promote and address young people’s needs. The project itself has provided additional support structures and services for young people who have an established or emerging mental illness. The project has also created a supportive environment to foster the shared recovery of many young people with a mental illness, through peer support. However, the major aspect of the project is the knowledge, enthusiasm and creativity of these young people to tackle major service related issues, and develop and implement solutions which can be integrated into current services. This has been evident in the projects’ training programmes, community education initiatives and support services. Some of these options require additional time and funding to become established, which unfortunately is not available under the current grant arrangements.

I therefore strongly support any attempts by the Second Story Peer Support for Mental Health Project to identify and obtain funding to continue to develop and provide ongoing education and support services for young people with a mental illness. As studies in prevention of early psychosis have shown, if we can get it right first time through early identification and therapy, along with peer support and education, the future outcome is one of recovery from mental illness and greatly beneficial to all.

Yours sincerely,

CHRISTOPHER WIGG

cc: Liz Higgs, Coordinator, Peer Support for Mental Health Project
The Secretariat
Queens Trust Fund

We are writing in support of the Second Story community support group, ‘AMIGOS’.

Our involvement has been in terms of a CAMHS staff member being on the group’s advisory committee, another staff member being involved directly in the group, a presentation by the young people to all Southern CAMHS staff and a discussion and information sharing session with the staff of the Marion CAMHS clinical team.

Although the group has been in existence for a comparatively short period of time, there have been clear benefits for the young people involved, reports of these benefits come from the young people themselves, the workers involved and from outside observation too.

Dealing effectively with mental health issues in young people is a complex task requiring flexible and collaborative service delivery approaches. The community support program addresses the mental health needs of young people at both primary and secondary preventive levels.

Joint service development strategies are planned particularly focussing on the needs of young people who are without adequate social supports and are current users of mental health ‘outpatient’ type services. This will extend the scope of the services we are able to provide through CAMHS.

We believe this program fills an important role in the continuum of care for young people with mental health difficulties and we support the Second Story application for funding in the knowledge that we will be able to work collaboratively with the staff who run the program.

yours faithfully

Stephen Henley
Regional Director, CAMHS - Marion

Samantha Gibbon
Clinical Psychologist, CAMHS - Marion
Dear Sara,

this is just a preliminary thankyou to yourself, Liz Higgs and the Peer Support Workers (Stephen, Tim and Pete), who have been coming to Paterson East as part of your project.

Since commencing on May 20th on Paterson East we have had excellent feedback from clients and staff alike. The contact with young people who have experienced psychosis ensures that our clients are able to see others who have had similar experiences come through that, to be well adjusted, functioning people who have moved on with their lives.

Staff have particularly benefited from seeing young people who they have previously treated and are now so much healthier. This has encouraged us to continue with our intensive care of young people to improve their long term prognosis, as so often in the hospital setting we only see people when they are acutely unwell. I have also been particularly encouraged by the behaviour of the peer workers and their level of dedication to the project.

I was pleased to hear of Tim’s success in obtaining paid employment and all staff wish him the best in his new job.

On behalf of all the staff, I would like to thank the Peer Support Project for their involvement and hope that it continues well in to the future, to continue improving the outcome for our clients.

Yours Sincerely,

[Signature]

Delrene Thomson
Clinical Nurse Manager
Paterson House East
18 August 1999

Liz Higgs
Second Story Youth Health Services
82 Beach Road
CHRISTIES BEACH 5165

Dear Liz

We are writing to express our continuing support for the groups and sub-projects established through the Peer Support for Mental Health Project, and would be keen to support any further funding initiatives.

The willingness and openness of these young people to share their experiences for the benefit of helping other young people cope with their illness, as well as their professionalism, is to be admired and congratulated. However, this enthusiasm would not have been channelled as effectively without your enthusiasm, support and guidance of their activities.

The community education component of the project has been of particular interest to our service. We were especially pleased with the way in which we were able to work with the young peer supporters to refine and refresh our Early Psychosis Education Program. Their open and honest feedback about the information in the program was extremely useful for our evaluation of its effectiveness. The experience of working with young peer support workers has been extremely positive for us, and we are sure that their continued involvement with the Early Psychosis Education Program will prove to be very empowering for our clients and increase the acceptance of the range of community services available.

It is an objective of the national Mental Health Strategy that consumers are involved in aspects of the service they are receiving. It has been particularly interesting to interact with these young people in a collaborative setting while they have offered support. We would be very keen to see initiatives such as this continue, so that they can be made user friendly, whilst retaining the necessary component by offering mainstream psychiatric care.
We believe that your approach has enabled young people to take increased responsibility for their mental health and empower them to take positive steps to reduce the possibility of future relapses.

The visiting service to Morier Ward has similarly helped to build support for people who often deny problems or lack insight into the illness. Contact with others who have successfully recovered from the trauma of a major mental illness provides a source of hope and information at a difficult time in their lives.

We would wish to support any measure which would allow this work to continue to empower clients, and help to control their illness and minimise the impact on their lives. The creativity shown in developing a CDROM to share their experiences was also very impressive. The continued work of peer consultants with the community support, hospital visits and education groups would be avenues in which our services could continue to work closely together in a mutually beneficial way to improve services to young people.

Eventually a special unit dedicated to the care of young people with psychosis will be opened at Flinders Medical Centre. I am hopeful that the staff will draw from your model of care, to enable young people to view some of their experiences as growth experiences, and to use the principles you have employed as a means to gain control over their lives following the trauma of psychosis.

Yours sincerely

[Signature]

CHRIS GRIERSON
BILL ROWSTON
ELISE SANDO
BARBARA YEOMANS
NOARLUNGA EARLY PSYCHOSIS TEAM
24 August, 1999

Amigos Hospital Visiting Group
The Second Story South
82 Beach Road
CHRISTIES BEACH 5165

Dear Liz:

Thank you for the feedback regarding the Amigos weekly visits to Morier Ward. Following our discussion I hope you found the space you were allocated more conducive to private discussion and the staff TV more mobile and suited to your needs. I will ensure that the TV and this space will always be available to you.

From the feedback I have received from clients and staff they have found your weekly visits informative, friendly and helpful, with our younger clientele looking forward to seeing you. Often hospital stays for younger people can be boring and an isolative, lonely experience. Your visits help to alleviate these symptoms providing hope and an opportunity to talk to a peer who has experienced a similar situation and circumstances. Meeting with the Amigos not only provides support with mental health issues but enables young clients to be introduced and given information on other programs run by Second Story and other agencies within the community. This first contact is a very important aspect in assisting our young clients to access support that will help them to live in the community once they are discharged from hospital.

Yours sincerely,

[Signature]

Angela de Lise-Tarr
Social Worker
The Second Story Peer consultants AMIGOS group

Steven personal involvement

I joined the peer consultant's project in April 1997. We received several days of training to enable us to consult young people who had experienced a mental illness. During this consultation process we spoke to around 25 to 30 people who had experienced an illness. From these sessions we discovered many problems within the mental health system and developed ideas to help the mental health system for young people.

Personally for me this information made me realise that I wasn't alone and that other young people have had horrible experiences within the mental health system. It also made me realise that as peer consultants we had an opportunity to make a difference and try to instigate change.

Phase 1 was all about discovering the needs and putting forward ideas to address those needs. We had a grant of $5000 to complete phase I and to apply for a second grant which was successful.

In between phase 1 and phase 2 I became unwell. The project did lose momentum due to the time between the two phases. I kept in touch with Liz the project coordinator and she helped me receive the medical attention I needed when I became unwell, which I thank her for.

Phase 2 had started without me because I was recovering from a Bi-polar illness. In November 1998 I saw an article about the group in the Sunday mail and due to my recovered state of health I decided to rejoin the group which became known as the AMIGOS.

I came back to the group to discover that they had achieved a lot. There were new members with new ideas who had gone to conferences, made an educational CD-ROM titled 'My Psychotic Vacation" and started a support group to name just a few things. I quickly saw the potential this group could have on the community by what they had already achieved.

My health had improved a lot and within a few weeks of rejoining the group and it became even better I believe that coming back to the group was the turning point in my recovery.

The first important change that occurred for me was gaining a normal sleeping pattern that allowed me to become a more functioning member of society. Once I had established a normal day and night routine I felt like getting involved in sports, which was a big part of my life before I became unwell. The flow on effect from being part of the AMIGOS group was great, I felt great being active in the day. My social skills returned which gave me the confidence to catch up with friends I had lost touch with when I was unwell.

Not only had I regained my social and sporting lives I also had the confidence to talk to my psychiatrist in a calm manner with out 'getting pushed around'. The AMIGOS group gave me the opportunity to be part of a team that had the potential to help and make change within the mental health system. This gave a lot of purpose to my life. As my involvement grew within the group my outlook on life also improved.
I had become the leader of the hospital visiting group and an active member in the community education group. My confidence had risen enough to apply for another job. The job I applied for was as a Peer Specialist position within the North Western Mental Health rehabilitation Service. I believe my experience within the AMIGOS group helped me a lot to win one of the eight positions. The Peer Specialist position was only one day a week I was able to stay an active member of the group and carry out the goals of the groups which I believe in a great deal.

During this time we started visiting young people in psychiatric wards within hospitals, which was my main goal during Phase I. To finally be able to do this extremely successfully was not only the realisation of a long-term goal but it gave me the confidence to live my life as 'normal' young person.

I have been visiting Glenside Hospital, Patterson East ward since Thursday the 27th of May 1999 and Noarlunga Hospital, Morrier ward since Tuesday the 8th of June 1999 on a weekly basis. It has worked differently but successfully at both hospitals. During this time I have talked to a lot of young people in hospital. A large number of useful topics discussed such as:

- What lead you to being in hospital
- How to regain your health
- Early Warning signs
- How to stay well
- Going home
- Legal Rights
- What a key workers role is
- Affects of Drugs
- Support Services available
- Side affects- weight gain, sexual function, motivation, etc
- Labels and how to tell your friends

I believe these conversations have been extremely helpful for the young people I've visited in hospital. The direct verbal feedback they have given me and feedback from the nursing staff has always been positive.

During a number of visits to Glenside Hospital I have taken people for walks around the campus showing them where useful services are such as the canteen, gym and church are located.

In general I find that when I hold the groups outside the young people I'm visiting are more relaxed and therefore more willing to talk and ask questions.

One of the most common ways I assist the young people is by helping them approach the nursing staff with various concerns. Sometimes they are experiencing side effects that can be addressed by the nursing staff but feel that if they tell them they will have to stay longer. Other times they need a better explanation of their illness which I have done in conjunction with the nursing staff explaining at the same time my real life experiences. Sometimes it's just making the young people aware of the services available to them and helping access them, such as the social workers and key workers.
I feel extremely good during and after visiting young people in hospital because I may have helped them with something or just been there to listen and offer friendship.

I still believe that there are many things to be done to achieve all the aims and goals of the AMIGOS group. I believe that widening the group to all parts of Adelaide and to the country areas is essential. I also believe that more needs to be done as far as education for not only people experiencing an illness but also for their friends and family who also experience emotional strain when loved ones become unwell.

Here is a list of services that I think are essential to recovering from a mental illness and maintaining mental health.

1. **Hospital Visiting** (see proposal, booklet and pamphlet)

2. **Community Support group** (see Flyer)

3. **Educational groups for consumers** (How to maintain a positive mental health status) (See educational package)

4. **Support and Education groups for friends and family** (To be developed)

5. **Input from consumers on the entire mental health system.**

Along with Noarlunga C.C.T. we have developed a six-week educational package for young people who have experienced early psychosis. Hopefully this educational package will be implemented in the near future and Co-facilitated by the AMIGOS group and mental health workers. We have developed this educational package so that it can be adapted to cover a significant number of illnesses and would be useful for friends and family support education group.

A major concern to me at this point in time is accommodation for people currently in hospital. I quite often talk to people in hospital that don't have a place to live or will be returning to an abusive living environment. I believe that the Environment in which you live in is an important factor in either becoming unwell or in turn maintaining good mental health. I realise that the AMIGOS group couldn't directly supply housing but I believe that our group could and should be involved in advocating positive ideas to at least improve this area. This is one of the many areas in which I believe a young consumer can have a positive influence within the system, other areas are running workshops to educate mental health workers such as (doctors, nurses, key workers, youth works, psychiatrists etc.)

This in a nutshell is how my involvement has helped me maintain good mental health, positive outcomes during hospital visiting and some future direction for the AMIGOS group. As with any pilot program there has been 'teething problems' which have been successfully addressed. I would hope that my views could be read when the long-term future of the Amigos group is considered.

Steven
What has the 'Peer Support for Mental Health' Project meant to me?

The 'Peer Support for Mental Health' project has pretty much been my life for the past months. It has been my touch of reality in a world of psychological madness. The Second Story has been my second home; the workers involved with us, giving support, advice & respect.

The group of Peer Consultants have been supportive, easy to work with & generally a great bunch of people! Not only have we helped others but we've helped each other within the group.

The Support Group has definitely been the best part for me; it has allowed me into the lives of many young people who have all touched my soul with their strength, power & love. The Support group has not only allowed me to support them, but they have supported me.

The project has kept me fighting for mental wellness, CBT, especially has encouraged, supported, respected & accepted me for who I am. The whole group of Peer Consultants & Second Story staff have been fantastic, they have restored my faith not only in the mental health sector, but in human beings. They have given me a voice to speak & I have spoken louder than I ever could have imagined.

"I AM NOT COLD, I AM ME, AND I'M HAPPY, ACCEPT IT." I'll miss the whole thing