

Health Research Symposium 2017

Creating Knowledge in Complex System for Sustainable Community Health

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Parallel Session 3 – Health Promotion

WE WRAP®

An innovative empowerment and education program for people with mental health challenges and young people

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WRAP[®]

- WRAP[®] stands for Wellness Recovery Action Plan[™]
- WRAP[®] is a self-management and recovery wellness tool developed in 1980s in the USA
 - Dr. Mary Ellen Copeland, a person with lived experience
 - Improve quality of life and advocate for self responsibility in maintaining wellness



Five Key Concepts of WRAP[®]



- Hope
- Personal responsibility
- Education
- Self-advocacy
- Support

(Copeland, 2002)

7 Components of WRAP®

- Wellness Tool Box
- Daily Maintenance Plan
- Triggers and Action Plan
- Early Warning Sign and Action Plan
- When Things Are Breaking Down and Action Plan
- Crisis Plan
- Post-Crisis Plan



Values & Ethics

1. Avoid medical and clinical language
2. Difficult feelings and thoughts are seen as normal responses to traumatic events and circumstances not as symptoms
3. View people as experts on themselves
4. Always fosters hope, respect and mutuality at all times
5. Focus on strengths and away from perceived deficits
6. Participation in recovery activity and planning is always voluntary
7. People explore choices and options and are not expected to find final answers
8. There is acceptance of all creative work and expression. The creator is in control of the work

- Examples based on the Values and Ethics checklist for the WRAP® Facilitators Course

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Values & Ethics

9. There are “no” limits to recovery
10. Self-determination, personal responsibility empowerment & self-advocacy are encouraged
11. Everyone is treated as equals
12. Always fosters hope, respect and mutuality at all times
13. Strategies are simple safe and for anyone. Those that are harmful and invasive are avoided
14. Key stakeholder are involved in decision –making and personal sharing is encouraged
15. Peers work together and learn from each other to increase mutual understanding, knowledge and promote wellness

*- Examples based on the Values and Ethics checklist for the WRAP®
Facilitators Course*

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Rationale – Promotion of Well-being

- According to the World Health Organization (WHO) :
 - Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”
 - Mental health promotion and prevention are integral in public health to promote well-being and mental wellness of the public

Rationale – Mental Health Needs of Youth

- Early stages of life present a particularly important opportunity to promote mental health and prevent mental disorders
 - Up to 50% of mental disorders in adults begin before the age of 14
- Young people aged 12 to 24 are experiencing rapid changes in their physical, psychological and social development (Student Health Service Department of Health, Hong Kong 2012)
- WRAP® may enhance their abilities to maintain mental wellness in times of stress and frustration

Rationale - Research evidence of WRAP®

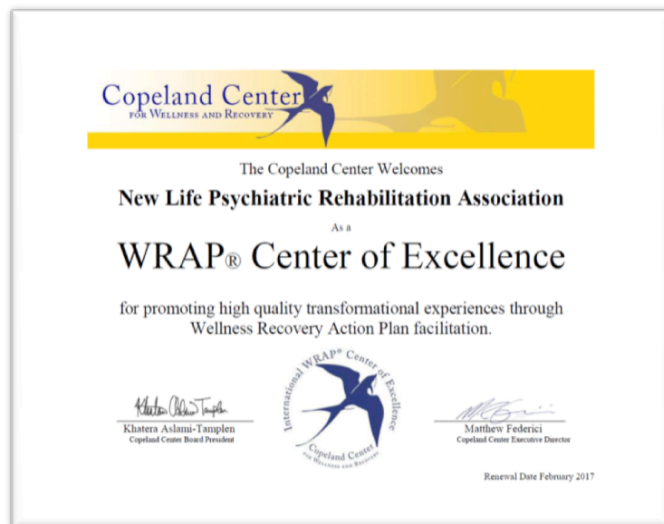
- WRAP® was utilized in formal and informal mental health recovery and promotion programs in the USA and over 60 countries around the world since 80s
- It has been widely applied to promote personal and community wellness among children, university students, people living with various physical health problems and survivors of natural disasters etc.
- WRAP® is found to be effective in:
 - enhancing self-advocacy (Cook et al., 2009; Jonikas et al., 2011) and hope (Cook et al., 2009; Cook et al., 2010; Cook et al., 2012; Fukui et al., 2011; Starnino et. al., 2010)
 - reducing psychiatric symptoms (Cook et al., 2012; Fukui et al., 2011) and service utilization (Cook et al., 2013)
 - improving recovery (Cook et al., 2009; Starnino et al., 2010), quality of life (Cook et al., 2012), and physical health (Cook et al., 2009)

Rationale - Experts by Experience

- “Experts by Experience” means people in recovery of mental illness are best positioned to facilitate others keeping well because they often have a deeper level of understanding about the nature of mental health distress (Laurie, 2004)
- We utilize the strengths of people with lived experience in mental health promotion. They are trained as Certified WRAP Facilitators in this project to deliver WRAP®

Evidence-based Mental Health Promotion

- NLPRA has started to run WRAP® since 2009
- Being the sole authorized organization in Hong Kong to provide certified WRAP® Facilitators Training
- We have translated the WRAP Facilitator Training Manual into Chinese and attained the copyright to produce the Chinese version of the manual
- Awarded the WRAP® Center of Excellence in 2016



Evidence-based Mental Health Promotion

- “Wellness APPS” 2011 sponsored by the Labour and Welfare Bureau aimed to enhance mental wellness of secondary students through WRAP[®] workshops
 - Both teachers and students found WRAP[®] a simple, do-able and systematic program to enhance mental wellness and prevent emotional distress
- Locally, WRAP[®] was found to be effective in increasing perceived social support (Mak, Pang, Chung, Yau, & Tang, 2016)



WE WRAP[®]



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Objectives of the Proposal

1. To empower persons in recovery of mental illness and youth wellness ambassadors by training them to become a team of Certified WRAP Facilitators in providing educational workshops to young people and people with mental health challenges
2. To enhance the awareness on positive mental health and self-management of mental wellness among young people and people with mental health challenges
3. To provide a convenient, simple and “do-able” self-help tool and coping skills for prevention of and early intervention on mild mental health problems for young people
4. To promote participation, hope, and self-efficacy in mental health recovery via the implementation of peer-led WRAP programs and job opportunities

Targets

Certified WRAP® Facilitator Training	WRAP® Workshops	Community Celebration & Sharing
<p>Persons in recovery of mental illness</p> <ul style="list-style-type: none"> • Peer Support Workers • Service users in NLPRA <p>Youth Wellness Ambassadors</p> <ul style="list-style-type: none"> • University students 	<p>People with mental health challenges</p> <ul style="list-style-type: none"> • Service users in NGOs, hospitals and psychiatric outpatient clinics <p>Youth aged 12 to 24</p> <ul style="list-style-type: none"> • Students from tertiary institutes and universities 	<ul style="list-style-type: none"> • Students, teachers, and mental health practitioners • General Public



Development of “WE WRAP”



Systematic evaluation

- | | | |
|---|--|---|
| 1 | Certified WRAP® Facilitators | <ul style="list-style-type: none">• Number of persons in recovery and youth wellness ambassadors completed the certified WRAP® facilitator training• Number of participants in the tri-month facilitator community building meeting• Number of participants in the tri-month topical WRAP® training for ongoing education• Program evaluation to measure the effectiveness of the program in the psychological capital and empowerment of the facilitators |
| 2 | WRAP® Workshop | <ul style="list-style-type: none">• Number of sessions of WRAP® workshop for young people aged 12-24• Number of sessions of WRAP® workshop for people with mental health challenges• Number of participants joined the WRAP® workshop• Program evaluation to measure the effectiveness of the program in enhancing mental health and recovery, hope and self-efficacy of the participants |
| 3 | WRAP® Community Facebook Page | <ul style="list-style-type: none">• No. of Facebook accounts likes the page |
| 4 | Community Celebration and Sharing Sessions | <ul style="list-style-type: none">• No. of participants attended the celebration and sharing sessions on dissemination of the project experience and impacts |

Outputs

WE WRAP Project

	Target Output	Actual Output
A. WRAP® Training		
1. Certified WRAP® Facilitators Training	2	2
2. Certified WRAP® Facilitators Trained	26	29
3. Topical WRAP® training	6	6
4. Participants in topical WRAP® training	60	92
B. Facilitator Community Building Meeting		
1. Facilitator community building meeting	6	6
2. Participants in facilitator community building meeting	60	81
C. WRAP® Workshops		
1. Sessions conducted for people with mental health challenges	78	90
2. Sessions conducted for young people	52	47
3. Participants joined WRAP® workshops	1,300	1,193
D. WRAP® Community Facebook Page		
1. "LIKE" on WRAP® Community Facebook Page	1,000	800
E. Community Celebration and Sharing Sessions		
1. Community Celebration and Sharing Sessions	3	9
2. Participants in Community Celebration & Sharing Sessions	600	1,382

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Evaluation design

- The study adopted a pre-test, post-test and follow-up design in assessment of various outcome measures using standardized scales
 - People in recovery and youth wellness ambassadors who completed the 5-day Certified WRAP® Facilitator Training (CWF); and
 - People in recovery and university students who participated in the 4-session WRAP® workshop, with propensity score-matched control groups respectively

** Propensity score matching (PSM) was used to produce reasonable estimation of the effect of intervention while reducing bias due to confounding variables (Garrido et al, 2014; Rosenbaum & Rubin, 1983), hence, youth CWFs and youth participants in WRAP® workshops were matched with their respective control groups by using PSM accordingly*

Measures

- Self-Stigma Scale - Short Form (Mak & Cheung, 2010)
- Internalized Stigma of Mental Illness (Ritsher, Otilingam, & Grajales, 2003)
- Rosenberg Self-Esteem Scale (Rosenberg, 1965)
- Herth Hope Index (Herth, 1992)
- Youth Empowerment Scale - Mental Health (Walker, Thorne, Powers, & Gaonkar, 2009)
- Warwick-Edinburgh Mental Well-being Scale – Short Form (Stewart-Brown et al, 2009)
- Recovery Assessment Scale (Corrigan, Salzer, Ralph, Sangster, & Keck, 2004)
- ENRICHED Social Support Instrument (ENRICHED Investigators, 2000)
- Medical Outcome Study Social Support Survey (Sherbourne & Stewart, 1991)
- Strategies Used by People to Promote Health (Lev & Owen, 1996)

Sample

- 171 participants
 - WRAP® Facilitators (people in recovery, university students)
 - WRAP® Participants (people in recovery, university students)

Findings on people in recovery – WRAP® facilitators

- People in recovery – WRAP® Facilitators (n = 19) versus Non-facilitators (n = 20)
- Compared with non-facilitators, WRAP® Facilitators demonstrated:
 - Greater stigma resistance
 - Higher self-esteem

People in recovery – WRAP[®] Facilitator

Outcome Measure		Pre		Post		LMM: Group-time interaction		Pairwise comparisons with Bonferroni adjustment (Sig.) Pre- to post-test
		M	SE	M	SE	F	p	
Stigma Resistance	Facilitator	3.08	0.11	3.37	0.11	4.88*	.038	.004*
	Control	3.01	0.13	2.87	0.13			N.S.
Self-esteem	Facilitator	2.88	0.07	3.09	0.09	8.82*	.005	.001**
	Control	2.80	0.07	2.84	0.09			N.S.

Note: LMM = Linear mixed model; M = Estimated marginal mean; SE = Standard error; N.S. = Not Significant; * = $p < .05$, ** = $p < .001$

University students who have participated in WRAP®

- Comparison between university students who have participated in We WRAP® and who have not
- 132 participants (66 participants per group)
- Propensity score matching (PSM) was used to produce reasonable estimation of the effect of intervention while reducing bias due to confounding variables (Garrido et al, 2014; Rosenbaum & Rubin, 1983)

Findings on university students - WRAP® Facilitators (Reflection)

- Higher awareness on mental well-being and “recovery”
- Greater self-confidence
- More sense of hope

Findings on university students

Outcome Measure		Pre-test		Post-test		3-month follow-up		LMM: Group-time interaction		Pairwise comparisons with Bonferroni adjustment (Sig.)	
		M	SE	M	SE	M	SE	F	p	Pre- to post-test	Post-test to follow-up
Hope	Participant	3.03	.05	3.14	.05	3.15	.07	3.29*	.039	.004*	N.S.
	Control	2.94	.05	2.95	.05	2.93	.05			N.S.	N.S.
Empowerment	Participant	3.49	.07	3.71	.08	3.70	.12	3.17*	.045	.001*	N.S.
	Control	3.42	.07	3.45	.07	3.45	.08			N.S.	N.S.
Personal Confidence	Participant	3.72	.07	4.06	.08	4.04	.12	4.45*	.013	<.001**	.008*
	Control	3.77	.07	3.90	.07	3.85	.08			.047	N.S.
Willingness to ask for help	Participant	4.02	.07	4.23	.08	4.64	.14	8.40**	<.001	0.23	<.001**
	Control	4.05	.07	3.98	.08	4.06	.08			N.S.	N.S.
Goal & success orientation	Participant	4.09	.07	4.35	.07	4.12	.12	3.45*	0.034	<.001**	N.S.
	Control	4.03	.07	4.08	.07	4.09	.07			N.S.	N.S.
Self-care & Self-efficacy	Participant	3.75	.06	4.14	.07	4.00	.12	7.99**	<.001	<.001**	N.S.
	Control	3.72	.06	3.76	.06	3.78	.07			N.S.	N.S.

Note: LMM = Linear mixed model; M = Estimated marginal mean; SE = Standard error; N.S. = Not Significant; *= $p<.05$, **= $p<.001$

University students who have participated in WRAP[®] vs those who have not

- Higher level of hope
- Greater sense of empowerment
- Higher levels of personal confidence*
- More willing to seek help*
- Higher levels of goal and success orientation
- Greater sense of self-care and self-efficacy

** Effects persisted for 3 months after We WRAP[®]*

People in recovery who has participated in WRAP® (Reflection)

- Increased awareness on the early warning signs when they face distress
- More ability and readiness in using wellness tools to deal with difficulties

Conclusion

- WRAP® can increase hope, confidence, and awareness towards mental wellness
- WRAP® has positive effects among participants, facilitators, people in recovery, and university students
- WRAP® promotes social inclusion

Cross-sector collaboration

- New Life collaborated with CUHK in applying for this grant, riding on the our common vision to promote mental wellness among young people through evidence-based practices
- New Life conducted the WRAP® training, workshops, and community engagement while CUHK focused on research design and evaluation

Implications of WE WRAP

- Enhancing awareness of holistic concept of wellness
- Facilitating people to adopt personalized ways to achieve healthy lifestyle
- Creating an environment that empower people to strive for better health
- Sustainability of the project in the community

What were the most difficult parts in our project?

- Staff turnover
- Attendance
 - People in recovery may have been affected by their non-linear recovery journey, and youth might be busy in college life and examination schedule
- Group time
 - Workshops were held in the evenings for students to better fit their schedule, but this may have lowered their participation after class
- Participation
 - Student facilitators were busy for academic work, part-time jobs, or extra-curricular activities. Some have graduated after training and were unable to further participate
 - Project team made extra efforts to coordinate training and coaching for them, as there was no readily available direct contact person for logistic coordination for students

Dissemination of project results

- A sharing session on WRAP[®] on 30 September 2015 conducted by university students and people in recovery CWF for 90 mental health practitioners and teachers
- Paper presentation at the 15th Annual International Mental Health Conference, Bangkok, Thailand on 6 June, 2016
- Paper presentation in the Thematic Session on Community Psychology (TS29-12) at the 31st International Congress of Psychology, Yokohama, Japan on 29 July, 2016
- Keynote presentation in WRAP Around the World Conference, Sacramento, CA on 6 June 2017
- Paper in preparation for publication in academic journal

Dissemination of project results

- A WRAP seminar with press release on outcome evaluation of WE WRAP in Hong Kong on 23 February, 2017
 - Executive Director of Copeland Center and project facilitators presented
 - 130 attendees



Sustainability of the program

- The program has been incorporated in the core business of the NLPRA both internally (staff, family members and people in recovery) and externally (different target groups, like elderly people, families)
- We have been applying funding to scale up the project

Thank You

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