Senate Select Committee on Mental Health: Inquiry into Mental Health

Submission by Grow

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Introduction

GROW is a community based mental health organisation which began locally in Sydney in 1957 and has since expanded to become an international mental health movement meeting the needs of thousands of people who have experienced a mental illness or sought prevention of mental illness.

One of the longest running organisations of its kind GROW operates mutual support groups where individuals who are experiencing the trauma of mental illness or seek to prevent mental illness, come together to support each other with the aid of GROW's 12 step Program (referred to by some Psychologists as " lay person's cognitive behavioural therapy"). Here members are able to share their difficulties, find commonality and learn to recover from their illnesses with the sustained assistance of a caring and sharing community environment.

In addition to the group process GROW conducts a variety of training and social activities to assist in the promotion, prevention, and recovery stages of mental illnesses. In addition, a residential rehabilitation program for those with dual diagnosis (drug and/or alcohol problems together with mental illness) is located at Austral, Sydney and accommodation support programs based on GROW principles are located in Canberra and Brisbane.

A voluntary non-government organization with almost 50 years experience, GROW operates with the assistance of donations and the funding it receives from State and Territory governments. No funding is received from the Federal Government.

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Executive Summary

GROW, as a community based organisation welcomed the introduction of the *National Mental Health Strategy* in 1992. GROW also welcomed the aim of the second plan (1998-2003) where the focus became "treating and supporting people with a mental illness in their own communities." (Commonwealth Department of Health and Ageing Website. (2004) *National Mental Health Strategy*).

Chapter one will analyse a fundamental obstacle to improvement in the mental health sector - funding. It will examine the need for at least one level of government to undertake accountability for the shortages in mental health expenditure and raise the possibility of the creation of an independent commission to oversee and safeguard mental health funds.

Chapter two looks at the important role of education in the creation of a cohesive national constituency, informed in the responsibilities and abilities of mental health consumers. It offers views on education at a school level; the coordination of services between different levels of government; collaboration of government and non government agencies; and the vital yet complex task of reducing stigmas.

Chapter three examines the important role the media has to play in the appropriate reporting of mental health issues. It briefly analyses the education of media professionals and the possibility of a media blitz and raises the suggestion of advertising aid for non government agencies.

Finally, chapter four exemplifies the importance of community support in complementing the medical treatments of adults with mental illness. The purpose of this chapter is to draw attention to the many benefits of organisations such as GROW and to demonstrate their crucial place in the mental health system.

Key Recommendation:

Increase in funding to provide community support which complements the medical and pharmacological treatment of people with mental illness.

GROW has been evaluated by numerous researchers during its 48 year history - Prof. Julian Rappaport in the 1980's in USA, Prof. Jim Young in 1990 in Tasmania and more recently by Lizzie Finn at Curtin University, W.A. (2005). Research continues to show that GROW provides community support and education in mental health that enables the development of life management skills and reduces the need for hospitalization and halts "the revolving door syndrome."

Funding

It is without question the most commonly utilised fact in Australian mental health media coverage and associated publications:

> "Twenty per cent of Australians will suffer from some form of mental illness, that's one in five."

The extent to which this startling, recurring fact is reflected by means of government funding is in truth the most upsetting fact of all. To all intents and purposes the state of Australia's mental health system is one in which all areas are grossly under-funded and substantially under-serviced.

The problems with funding arise as a result of indistinctiveness between state and federal governments in relation to accountability and escalate forth with problems such as: insufficient growth in expenditure; inadequate support in the community for those with mental illness; and an increase in demand for mental health care.

There is a pressing need for reform of the Australian mental health system. The 'Burdekin report' of 1993 made definite inroads in its modification of the system and through its creation of *'The National Mental Health Strategy.'* However the scope of the changes and the extent to which they have gained the support of both state and federal governments suggest that there are still a number of issues that need to be addressed.

Who is responsible?

When the problem of funding within the mental health system is broken down there is one exceptionally evident hitch resonating at its very core – accountability. In a system of government such as our own it is quite simple to impart blame to another level or area of government. With an area such as mental health, which holds very little voting power and is continually overlooked, it is painless for governments to 'pass the buck.'

The federal government in response to the last major mental health inquiry created what is arguably a very effective blueprint to help solve the problems within the system- *'The National Mental Health Strategy.'* Yet the federal government maintains that mental health is a state issue. This is perceived by many working within the sector as the federal government's way of passing the buck.

Hence what began as an ideal approach to resolve problems such as: the promotion of mental health in the community; the prevention of development of mental health problems and mental disorders; the reduction of impact of mental disorders on individuals, families and the community; and the assurance of the rights of people with mental illness, became a framework that denied solutions to these problems via a clear lack of a national constituency.

For the *'National Mental Health Strategy'* to operate proficiently it is "assumed that the proportion of health expenditure devoted to mental health would increase." (Groom, G. Hickie, I. & Davenport, T. 2003 *Out of Hospital Out of Mind*) While the Commonwealth has increased its funding considerably, "by 73% from $26.80 to $46.38 per capita," (ibid) the growth in contribution of states and territories has been woeful "only 19.8% per capita, from $68.22 to $81.76 per capita." (ibid)

Therefore there appears to be no system in which the Commonwealth can impose its 'National' dedication towards funding increases on states and territories. Furthermore a number of organisations including GROW are concerned that the necessary means for safeguarding mental health expenditure are insubstantial.

Mental health expenditure is supposed to be quarantined however there is no proof to suggest that it is being suitably protected. We are calling for an appropriate scheme that ensures that mental health funding actually goes towards mental health resources and services.

A recurring lack of funding in the mental health area and an ever increasing need for support in the general health sector suggests that state and territory funds may be getting diverted. The problems surrounding the mental health sector need to be addressed, starting with safeguarded funding.

GROW supports the establishment of an independent commission to oversee mental health expenditure and distribution, and believe it is the best way to ensure mental health funds go to where they are really needed. It is vital that a form of government is held accountable to cease the mental health buck from being passed

An insufficient growth in expenditure

The cold hard fact that "one in five Australians will develop some form of mental illness" has clearly not been enough over the past decade to cause any government, whether it be state or federal, to take a serious stance on mental health.

Australia spends 6.4% of its health budget on mental health. "Although international comparisons can only be approximate, other first-world countries report spending 10-14% of total health expenditure on mental health." (Groom, Hickie & Davenport 2003)

"Despite the increased expenditure in mental health over the last decade ($778 million), there is no evidence that the proportion of total health expenditure devoted to mental health has increased. Increases in expenditure on mental health (46%) have simply mirrored increases in the costs of providing other forms of health care (42%)." (ibid)

"Mental health accounts for 13% of total disease burden (death and disability) and nearly 30% of the non-fatal disease burden in Australia." (ibid)

Federal and State Governments need to recognize and provide the Australian mental health system (including non-government organizations – NGO's) with the financial resources necessary to improve the standard of care currently provided in Australia today.

Funding for Community based support

There is a common belief within Australia that assumes that people with mental disorders receive either hospitalisation or medication or both and thereby the greater part of their problems are solved.

"While growth in Commonwealth expenditure was significant, over two thirds of this was accounted for by the increase in pharmaceutical costs (402%) rather than planned or appropriate expansion of service systems, or support for non-pharmacological treatments." (Groom, Hickie & Davenport 2003)

GROW supports the distribution of mental health funds for appropriate research and development into medication that will assist in the prevention and reduction of mental health disorders in Australia. Medication is a vital part of the healing process in relation to many mental illnesses and disorders. However, it is must be recognised as only part of the healing process.

The other necessary process is of course the non-pharmacological treatments, treatments that encourage and aid individuals suffering from a mental disorder to interact with others and contribute productively in their community - treatments and therapies that organisations like GROW have provided for years in spite of their dire need for extra funding and support.

A reliance on medication and hospitalisation is a trap into which governments have fallen and as a result has exacerbated problems for itself. Without the necessary means to assist mental health patients towards settling into a community the Australian mental health sector has become, many consumers believe, 'a revolving door system.'

Mental health sufferers are subject to an unaccommodating system which is "chaotic, under-resourced and overly focused on providing brief periods of medicalised care [in hospitals]" (Robotham, J 2003 **'**Call for shake-up in mental health funding.'). Those coming to terms, suffering, or recovering from a mental illness need the support of community based organisations such as GROW to allow them to develop communication, social, life management and problem solving skills. The results of ignoring such intervention involve the individual being thrown into a vicious cycle that not only burdens their families and friends but also the general health and prison systems.

The consequences of ignoring funding increases to community based organisations impacts on the one in five Australians who suffer a mental illness. The degree to which GROW can reach such Australians and impart life management skills, encourage individuals to seek professional help and the extent to which it plays an important role in the vital intervention and recovery processes all depend on its level of income. Being essentially a voluntary organisation GROW relies on the funding it receives from state and territory governments, which is currently insufficient to reach the wider Australian community, particularly those in rural areas.

An increase in demand for mental health care

An increase in demand for mental health care is inevitable. An "Increasing demand will be driven by the significant stress placed on Australian families from war, threat of terrorism, ongoing drought, more young people developing mental disorders, and increasing numbers of persons with current disorders presenting for care (as public awareness of these conditions increases)." (Groom, Hickie & Davenport 2003)

The extent to which mental health care will rise over the next five years is a long term factor that is uncontrollable for all forms of government. The degree to which these increases in demand become a burden upon government areas is a factor that can be prevented, if action is taken to amend the funding shortages.

Medical costs will invariably rise with an increase in demand. What must be taken into account however is the vital role which community based orgainsations play in lightening the load for the medical system, and assist in eliminating the 'revolving door' effect.

Education

While education is seen as one of the areas within the mental health sector that has improved over the past ten years due to the *'National Mental Health Strategy,'* the "lack of inter-governmental agreements continues to impede the coordination of services across different levels of government," (Groom, G. Hickie, I. & Davenport, T. 2003 p 35) and the lack of collaboration between government sectors and non government agencies acts as a barrier to effective promotion and prevention of mental health disorders.

The actions undertaken by the *'National Mental Health Strategy'* in particular the: *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*; and the work done by programs such as *Beyond Blue* and *Mind Matters* have been instrumental at educating the Australian public.

However GROW believes that further in roads in education are still to be made in relation to: education at a school level; the coordination of services between different levels of government; stigma reduction; and collaboration between government and non government agencies.

Education at a school level

The promotion of mental health in schools and the way in which the *'National Mental Health Strategy'* has attempted to connect with young people regardless of their current mental health status through initiatives such as *Beyond Blue* and *Mind Matters* is a tribute to what the scheme can achieve if different levels of government are able to collaborate together.

GROW believes that if a substantial difference is to be made in the promotion of mental health and the breaking down of stigmas the education of young people while they are still at school is imperative.

GROW supports the use of e-technology so as to promote mental health in the younger community and believes that strategies such as the *Reach Out* website by the 'Inspire Foundation' should be replicated and/or endorsed as much as possible. They offer a level of communication that younger people are familiar with and constitute a degree of connectedness similar to that of a GROW meeting. It is essential for young people to know that they're not the only one's experiencing problems in their lives and that turning to drugs and alcohol is not the answer.

Young people need to be educated about the issues surrounding mental illnesses. Issues like eating disorders, depression and suicide should be worked into every schools curriculum so as to raise the awareness of mental health and warn young people of the dangers surrounding the abuse of drugs and alcohol.

This calls for the coordination of a number of levels and areas of government. However, if both state and federal governments are able to wholeheartedly commit to such collaboration a seed for change will be planted in the heart of mental health awareness.

The coordination of services between different levels of government

For the successful implementation of services such as: an internet based support site for those with mental illnesses; a national school curriculum addressing mental health issues; or perhaps a national awareness campaign for employers, an integrated relationship between the health sector and education sectors; communication sectors; and employment sectors must be formed.

While these three actions are only examples the emphasis for all similar education schemes remains the same - commitment and synchronisation between different areas of government is vital in order to make a considerable difference.

It is futile to persist with a system where teachers feel unsupported when dealing with child mental health issues, where there is little professional help to assist in detecting early symptoms (Groom, Hickie & Davenport. 2003 p 33) and where individuals with mental illnesses are disinclined to disclose their problem to employers out of fear of differentiation.

Coordination between government areas and more importantly commitment must be exhibited throughout the execution of the *'National Mental Health Strategy.'* It is only then that we should start to think about strategies such as media coverage.

Stigma reduction

Stigmas surrounding mental health, the level of ignorance within the Australian community, and barriers for understanding, have been and remain weighty. Stigma reduction through education reform is imperative in order to solve the problems emanating from the broad-spectrum of misunderstandings found in our communities.

There is still a stigma within Australia where physical disabilities and illnesses are given considerable prominence over mental disabilities.

"If the general public are given the choice between supporting a fundraiser for cancer or diabetes … or the choice of supporting a fundraiser for the mentally-ill, we all know where the money and support will go." (Consumer) (Groom, Hickie & Davenport. 2003 p 27)

And of course there is also a general fear of the mentally ill, a misconception that they are violent which leads to a common apprehension within the individual when looking for employment.

Stigmas are exceptionally hard to reduce and there are numerous approaches in which to combat them. GROW supports direct contact education that allows participants to come in contact with people suffering from a mental illness, whether at school, university, or at work. Listening to another's experiences is a profound and proven method of breaking down false premonitions and is a most effective method of reducing some of the stigmas surrounding mental health.

"People need to be recognised as people. I don't really care if people know I have a mental illness as long as they know what a mental illness is!" (Consumer representative) (Groom, Hickie & Davenport. 2003 p 27)

Collaboration between government and non government agencies

GROW believes that it has an important role to play in educating the mentally ill of Australia. It has had over fifty years of experience in teaching its members life skills such as communication skills, social skills, life management skills and problem solving skills through its 12 step program, group method and caring and sharing community based on friendship.

The fact that state governments are yet to capitalise on the wealth of experience and knowledge that non government organisations such as GROW exhibit has been a definite barrier to mental health advancements.

Furthermore, GROW plays an important role in the prevention, intervention, and recovery processes. Thirty to forty per cent of GROW's current members attend for preventative or quality of life reasons (GROW's Annual Report, 2004). They are individuals who don't suffer from a mental illness but struggle with various social problems that often cause the onset of mental instability. The rest of GROW's membership (60%) is made up of those individuals who are looking to come to terms with, learn about and recover from the problems associated with their illness (GROW Annual Report, 2004). In a system that is lacking recovery and relapse prevention services GROW is at the forefront in providing this aid with inadequate financial support to respond to expressed needs of consumers.

The promotion, increased aid and recognition of the education merit of organisations such as GROW will unquestionably spell a step forward on the road to mental health promotion, prevention and recovery.

Media presence

The media undoubtedly has a major role to play in the way mental illnesses are perceived by the majority of the Australian populous. “Media coverage and reporting is critical to mental health literacy, particularly through forming community attitudes to mental health and mental illness, and to people affected by mental illness.” (Raphael, B. 2000. Promotion, Prevention and Early Intervention for mental health: A Monograph 2000 p 43)

It is an area of the mental health system, that in order to work effectively, needs to rely on the efforts of the education sector and on government funding. Journalists and communicators who control the dissemination of electronic and print messages need to be made aware of the important role they play in the shaping of community attitudes towards mental health and mental illnesses.

“The critical role of the media in forming attitudes related to mental health is evident in the growing body of evidence showing that media accounts of mental illness that instill fear have a greater influence on public opinion than direct contact with people who have mental illness.” (Rosen et al.1997. ‘From shunned to shining’).

While the education of media professionals is essential non government organisations such as GROW are in need of assistance in order to disseminate their messages to the public, arouse support for their cause and attract individuals in need.

Education of media professionals

While GROW does not mediate with the media to a great extent we support the education of media professionals and recognise the influence they hold in our society. We are aware that “Electronic and print media coverage often reflects and perpetuates the myths and misunderstandings associated with mental illness.” (Hyler, Gabbard & Schneider 1991. Hospital and Community Psychiatry)

By properly educating individuals before they enter the industry you effectively exhibit a great deal of influence over the way in which they propagate views on mental health.

The work of schemes such as the ‘*Mindframe National Media Initiative’* should not only be ongoing like that of *Beyond Blue, Mind Matters* but should intensify in the future to coincide with education improvements.

Advertising and promoting non government agencies.

GROW, like many other community based non government organisations is unable to allocate expenditure towards advertising and promotion due to its shoe string budget. It is well known that individuals suffering from mental illnesses are very reluctant to seek help. The effects of an advertising campaign for an organisation such as GROW would be immense. Not only would it raise awareness of organisations of its type it would unquestionably generate an increased membership.

The ability for community based non government organisations to exhibit a media presence will reverberate all through the system by: raising awareness and increasing the likelihood of those in need to seek help; increasing the membership of those organisations who in turn encourage mentally ill individuals to seek professional help; and educating the Australian populous of the misconception that hospitalisation and medication are the only answers to mental health care.

Of course this will require a commitment from all forms of government in order to firstly fund a campaign, and then ensure that all sectors are able to respond to the increase in demand resulting from the awareness. GROW hopes that a commitment of this kind is possible and will be considered when analysing the role of the media in the advancement of mental health awareness.

A coordinated media blitz

As discussed earlier stigmas are exceptionally hard to reduce. "Stigma reduction campaigns cost real money. They take time." (Professional body representative- Groom, Hickie & Davenport 2003)

GROW believes that reducing stigmas through direct contact education schemes is an effective means by which to address the prominent misconceptions about mental illness that abound within Australian society. We also understand the huge achievements that can be made as a result of a coordinated media blitz.

The effects of coordinated media campaigns at breaking down widespread stigmas have been proven in recent years with the success of operations such as the *'Every cigarette is doing you damage,'* for the national tobacco campaign. A similar stigma reducing media blitz can produce similar results for the mental health sector. Breakthroughs can be made, but as with most recommendations discussed thus far coordination and commitment of all government areas must be demonstrated.

"Public advertising, education (about stigma) – it must be ongoing, it must be intelligent – not just one off, glossy – it needs to be grounded, local, community-owned." (Consumer representative- Groom, Hickie & Davenport 2003

Community Based Support

As highlighted in earlier chapters the extent to which the *National Mental Health Strategy* has been able to achieve its aim of "treating and supporting people with a mental illness in their own communities," (Commonwealth Department of Health and Ageing Website. (2004) *National Mental Health Strategy*) has been consistently disappointing for many mental health consumers and carers.

This point has been discussed at length in previous chapters thus the purpose of this chapter is to draw attention to the many benefits of organisations such as GROW and to demonstrate their crucial place in the mental health system.

The belief that assumes the majority of problems experienced by mental health consumers are solved solely via medication and/or hospitalization needs to be challenged. In nearly all forms of mental illness medication/hospitalisation is not sufficient for recovery.

Statistical data and research information on GROW displays its effectiveness in the prevention/recovery from mental illness, including psychotic disorders such as schizophrenia and underlines the crucial benefits of its operations.

The Benefits of GROW

Each year GROW members are invited to complete a questionnaire as a means of evaluating the effectiveness of GROW's service. In 2004, 797 completed questionnaires were returned. 85% had received a diagnosis, with 45% having a diagnosis of depression, 17% with bi-polar and 17% with schizophrenia. 58% of respondents stated they had been hospitalized for mental illness. Of this 58%, *21% stated they no longer needed hospitalization and 23% stated they had a reduced need for hospitalization as a result of their involvement in GROW*. The remaining 42% who had never been hospitalized and who attended GROW for prevention stated that they believed *GROW had helped them to avoid ever needing hospitalization* (GROW Annual Report, 2004).

These statistics vary little from year to year and indicate the huge saving to Governments as a result of decrease in use of hospitalization. Researchers into GROW have on numerous occasions verified GROW's own data that shows the need for hospitalization is significantly reduced by consumers involvement in GROW (Rappaport et al (1985), Rappaport (1988), Young (1990) and Finn 2005). Hundreds of GROW members have written down their personal testimony of recovery and growth through GROW and five such testimonies are attached (Appendix B, C, D, E, F).

Quality of life is markedly improved for members attending GROW. Of the 797 members surveyed in 2004, 40% had stooped suicidal thoughts, 17% had stopped suicide attempts, 78% had an improved network of friends, 80% had an improved sense of value as a person and 65% had improved their involvement in the wider community.

The most recent research project into GROW has been conducted by Finn, L. (2005). Mutual help groups and psychological wellbeing: A study of GROW a community mental health organization. Doctoral Dissertation, Curtin University of Technology, Western Australia. In the Abstract (attached – Appendix A) provided by the researcher, Finn draws the following conclusions :

"*The findings of the current GROW study clearly fit into the recovery/empowerment/positive mental health paradigm and indicate the potential importance of GROW mutual help groups in enhancing quality of life and health maintenance of both psychiatric populations, particularly those with chronic mental health concerns, and the public at large experiencing mental health problems and challenges. To summarise, GROW's major advantage appears to be that it offers a 'real life' mini-community where people can develop new skills. Via group support and feedback, program from the Blue Book, practical tasks, leadership and simply learning to relate to a group of people, the benefits appear to be concrete and practical in terms of developing life management and social skills. But there is also a sense of increase in the less tangible quality of life arena which comes by being immersed in a new value system and identity transformation. As a community, GROW can offer the opportunity to develop core human needs, to feel useful, valuable, and a sense of belonging and it is in this regard that it may be able to offer unique benefits to people addressing mental health problems, countering isolation, offering ongoing support while fostering the development of life skills.*

It is important for mental health professionals, consumers, and the public at large to realize the very real benefits which mutual help groups such as GROW can offer, and to see them as being potentially complementary to mainstream mental health services, as well as an important stand alone aid. Mutual help groups such as GROW are an important ingredient on the platter of therapies which can be offered to people addressing mental health problems and can serve an important role in psychiatric rehabilitation and wellbeing in general. "

One thousand five hundred million people worldwide are affected by some form of mental disorder (World Health Organisation, 1996). Of that number, 45 million (3%) present with schizophrenia. In 1998 the Commonwealth Department of Health & Family Services (DHFS Second national mental health plan, 1998), stated that schizophrenia and related disorders utilised almost 40% of all mental health services for mental disorders in 1996 – 97. With predicted increases in the rates of mental illness, particularly depression, and the high cost to the community of psychotic illnesses such as schizophrenia and bi-polar, ***a dedicated support*** of organizations like GROW operating effective therapeutic programs will benefit the consumer, the family of the consumer, society, and other sectors of the mental health system as well.

Acknowledgement of Funding

GROW acknowledges and appreciates the funding it currently receives from States and Territories throughout Australia, which enables the Organisation to provide a road to recovery/prevention for adults in Australia today. GROW would greatly appreciate any funding increases to its current revenue and strongly believe that a greater commitment to funding of the mental health sector will spell a step in the right direction for Australia's mental health system.

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APPENDIX A

ABSTRACT *(PROVIDED BY RESEARCHER – LIZZIE FINN)*

The impact of GROW mutual help groups on the psychological wellbeing and use of medication/hospitalisation of members of GROW, the Australian community mental health organization was investigated in this thesis. The study employed triangulation of qualitative and quantitative research methods including ethnographic observation of five GROW groups, phenomenological interviews with 24 GROW members (Growers), and a collaborative study with 8 Growers. An action research project is described in which GROW members were taught to present the research findings directly at the interface with mental health professionals.

Quantitatively, an Australia-wide cross-sectional study of 907 Growers investigated the impact of length of membership/extent of involvement in GROW on both medication/hospitalisation and Ryff's (1989) six factor scale of psychological wellbeing measuring Autonomy, Environmental mastery, Personal growth, Positive relations with others, Purpose in life and Self-acceptance. A longitudinal study with 28 GROW newcomers compared ratings on these wellbeing factors over a six-month period. Qualitative change theme outcomes include positive movement along an active-passive continuum, interpersonal development and generalization of skills, alongside identity transformation in terms of development of a sense of belonging, of feeling useful and of feeling valuable. The cross-sectional results showed moderate significant associations between: length of membership/extent of involvement in GROW and both the wellbeing factors Autonomy, Environmental mastery and Self-acceptance/Purpose in life, and the use of medication/hospitalization ; and extent of involvement in GROW and Personal growth. Longitudinal outcomes indicated statistically significant improvements on all six factors.
The discussion focuses on the overall picture presented, via triangulation of research methods, as a response to the research questions posed. Salient aspects of qualitative change theme outcomes are highlighted and a tentative model of change in GROW proposed. The extent to which quantitative descriptive outcomes support this model is also examined. A particular focus is given to the superordinate outcome themes of Educated Heart and Taking Positive Risks and their important potential role as catalysts for identity transformation. Research literature aligning with the broader conceptualisation of change proposed in this study is briefly outlined. The discussion also considers important areas of the research process and methodology and includes an assessment of reliability and validity . In particular the issue of investigator bias is explored, with some discussion of personal experience in conducting this intensive investigation as a participant observer, and how this had the potential both to enrich the study findings and to bias them. A concluding summary looks briefly to the potential of mutual help groups as an important ingredient on the platter of approaches aimed towards

assisting people addressing mental health problems, and to the need to encourage complementary collaboration between mutual help groups and mental health professionals.

INTRODUCTORY OVERVIEW (relevant Chapters)

Qualitative outcomes are described in Chapter 4 at the three group- GROW program-individual levels of analysis described above. Themes of change which emerged via content analysis from the ethnographic and phenomenological data include concrete life skills acquisition in terms of positive movement along an 'Active-passive continuum', 'Interpersonal development' and 'Bridging skills out to the community' or generalisation of skills. The themes of 'Education' and 'Helping', the latter pivoting on Riessman's (1965) helper-therapy principle, are seen as providing a framework fostering and motivating change. Themes relating to identity transformation also emerged in terms of GROW members developing a 'Sense of belonging' of 'Feeling Useful' and of 'Feeling Valuable'. All of these themes are viewed as influencing each other in reciprocal and non-linear ways and operating across the three different levels of analysis described. These change themes are further developed in a description of GROW's ingenious leadership structure which is described as extending and deepening life skills and sense of identity transformation.

A collaborative study with a team of seasoned GROW members is described in Chapter 5. This collaborative work reflected on the change themes determined and provided both a cross-validation of the researcher's conceptualisation of GROW's impact and operations, as well as the development of superordinate themes including the concept of 'Taking positive risks' to extend skills, and motivation of GROW members' involvement via the 'Educated Heart'. Reflections are also made on a more global holistic sense of identity transformation both as an ongoing process in GROW and as an ultimate 'outcome'. Chapter 5 also describes a participant action research project where the researcher trained GROW members to present formally to lay and professional audiences. The empowering change themes outlined for the main body of the research are described as being paralleled in this action research project which saw the researcher ultimately handing over control of the formal research findings to GROW members/staff to present directly at the interface with mental health professionals.

The quantitative studies employing Ryff's (1989) psychological wellbeing scales are described in Chapter 6. An Australia-wide cross-sectional study of 907 Growers investigated the impact of length of membership/extent of involvement in GROW on both medication/hospitalisation and Ryff's (1989) six factor scale of psychological wellbeing. A longitudinal study with 28 GROW newcomers compared ratings on Ryff's six factor scale over a six-month period. The cross-sectional results showed moderate significant associations between: length of membership/extent of involvement in GROW and both the wellbeing factors Autonomy, Environmental mastery and Self-acceptance/Purpose in life as well as use of

medication/hospitalization ; and extent of involvement in GROW and Personal growth. Longitudinal outcomes indicated statistically significant improvements on all six factors.

Finally, the Discussion Chapter focuses on the overall picture presented, via triangulation of research methods, as a response to the research questions posed. Salient aspects of qualitative change theme outcomes are highlighted and a tentative model of change in GROW proposed. The extent to which quantitative descriptive outcomes support this model is also examined. A particular focus is given to the superordinate outcome themes of Educated Heart and Taking Positive Risks and their important potential role as catalysts for identity transformation. Research literature aligning with the broader conceptualisation of change proposed in this study is briefly outlined.

The discussion also considers important areas of the research process and methodology and includes an assessment of reliability and validity. In particular the issue of investigator bias is explored, with some discussion of personal experience in conducting this intensive investigation as a participant observer, and how this had the potential both to enrich the study findings and to bias them. A concluding summary looks briefly to the potential of mutual help groups as an important ingredient on the platter of approaches aimed towards assisting people addressing mental health problems, and to the need to encourage complementary collaboration between mutual help groups and mental health professionals.

OVERVIEW OF FINDINGS

Qualitative and quantitative findings pointed to a coherent and cross-validated picture of GROW's impact on its membership, where quantitative outcomes showed substantial synchronicity with the qualitative change theme outcomes described. Quantitative demographic data indicated that the GROW population participating in the study was addressing significant mental health problems.

Convergence of qualitative findings

Convergent descriptive findings from the ethnographic and phenomenological research, which were largely cross-validated and extended in the collaborative study, viewed GROW as impacting positively on individual change in two main areas, broadly described as life skills development and change in self-perception or identity. Change theme outcomes from the qualitative research provided a consistent description of mechanisms within the GROW group and the GROW program. These were likely to assist GROW members to change from a passive to an active stance in their approach to the challenges/problems of daily living and to develop social networks and social and communication skills. Generalisation of these skills was also reported as occurring for some GROW members. A more proactive coping stance was described as being fostered in two important ways: firstly, within a framework of Education which included group experiential knowledge and group reinforcement/encouragement/support, and the proactive and pragmatic GROW program offering a layman's cognitive and behavioural tool kit for addressing life challenges and problems. Learning by

doing was highlighted as an important change facilitator. Secondly, within the framework of the helper-therapy principle (Riessman, 1965) which pervades GROW group proceedings, change in self-perception and self-esteem was viewed as arising out of both an increased sense of self efficacy and social competence, as well as via development of a sense of belonging, of feeling useful, and of feeling valuable, as a result of being involved in mutual helping.

GROW's ingenious leadership structure, underpinned by the helper therapy principle, was described as providing meaningful avenues for Growers to gradually acquire, strengthen and extend life management and interpersonal skills. Leadership responsibilities were viewed as enhancing a sense of being a stakeholder in the GROW organisation, demanding further commitment and active participation by Growers. Leadership roles required proactivity and development of new people management skills, together with extended development of social networks within the wider GROW community. With leadership roles in particular, the emphasis was on learning by doing, with concomitant increase in self-esteem via an increased sense of competence, purpose, and personal value as a result of taking on new responsibilities. Leadership responsibilities also demanded an increased sphere of helping which extended to group facilitation, and potentially beyond to State and National GROW management levels. An ultimate and more global sense of personal transformation was viewed as both an ongoing process and an endpoint in terms of potential benefits of GROW membership.

This research highlights the critical importance in the recovery journey of the group/ GROW program community context which Growers enter to pursue wellness, often in a vulnerable state and experiencing a sense of powerlessness. Aligning with the positive mental health, recovery and empowerment agendas, the GROW program appears to be strengths-based with a belief in the development of human potential. From the descriptive outcomes of the current research it can be proposed that in the early days of membership GROW members find themselves in a non-judgemental, tolerant, and accepting milieu where relationships are egalitarian; there are positive role models whose stories they can identify with and thereby gain hope for their own recovery. The holding power of the group via processes including affirmation, empathy, support, and encouragement, is important both in the early stages of GROW membership and later on, particularly when difficulties arise on the change journey. In case studies and other descriptive material, the current research illustrated the importance of the 'holding process' offered by the group, which can keep GROW members afloat during a crisis or particularly difficult period, preventing them from becoming overwhelmed by problems, and possibly giving up and slipping backwards.

Perhaps the most important potential benefit offered by GROW to its membership is its standing as a 'real life' organic miniature community and culture, complete with roles, social activities, and phone networking which pivot around the ethos of helping. It is the community context which enables one of GROW's primary benefits, namely achievement of goals within the framework of relationships, where

the relationship opportunities or social technology provided by the community can be viewed as providing both the motivation and scope for skills development

Recovery is described in the literature review as an ongoing process of learning to live with a disability, to develop a sense of belonging, agency, autonomy, and purpose, despite limitations (Davidson et al., 1999; Davidson et al., 1995). Empowerment is defined as a sense of competence, self-efficacy, and willingness to take action, alongside development of self-esteem, self-determination, increased responsibility, and involvement with others (Prilleltensky, 1994; Rappaport, 1981; Zimmerman & Rappaport, 1988). Psychological wellbeing is equated with a strengths-based positive mental health approach, again focusing on the importance of mastery, self esteem, good relationships with others and purposefulness (Ryff & Singer, 1996, 1998b). All of these mental health agendas parallel each other and all recognise the importance of individual/environment interaction in achieving these goals.

The findings of the current GROW study clearly fit into the recovery/ empowerment/positive mental health paradigm and indicate the potential importance of GROW mutual help groups in enhancing quality of life and health maintenance of both psychiatric populations, particularly those with chronic mental health concerns, and the public at large experiencing mental health problems and challenges. To summarise, GROW's major advantage appears to be that it offers a 'real life' mini-community where people can develop new skills. Via group support and feedback, program from the Blue Book, practical tasks, leadership and simply learning to relate to a group of people, the benefits appear to be concrete and practical in terms of developing life management and social skills. But there is also a sense of increase in the less tangible quality of life arena which comes by being immersed in a new value system and identity transformation. As a community GROW can offer the opportunity to develop core human needs, to feel useful, valuable, and a sense of belonging and it is in this regard that it may be able to offer unique benefits to people addressing mental health problems, countering isolation, offering ongoing support while fostering the development of life skills.

It is important for mental health professionals, consumers, and the public at large to realise the very real benefits which mutual help groups such as GROW can offer, and to see them as being potentially complementary to mainstream mental health services, as well as an important stand alone aid. Mutual help groups such as GROW are an important ingredient on the platter of therapies which can be offered to people addressing mental health problems and can serve an important role in psychiatric rehabilitation and wellbeing in general.