The effectiveness of the Mental Health Recovery (including Wellness Recovery Action Planning) Programme with Chinese consumers

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Abstract

Education and knowledge have always been prized life quests for the Chinese. But the question is whether mental health education is acceptable by and useful in improving the mental health and recovery of Chinese mental health consumers. Whilst there has been a plethora of psychoeducation material published, most offer passive learning or require little educator/learner interaction, let alone active participation.

In this article, the authors conducted an in-house evaluation pilot research on the acceptability, the applicability and the effectiveness of the Western style of Mental Health Recovery including Wellness Recovery Action Planning (commonly referred to as WRAP) in improving the recovery of the members of a Chinese mental health consumer’s self-help organisation in New Zealand.

The research used qualitative methods: eight members of Bo Ai She and three professional mental health workers have been interviewed, two focus groups of consumers and their family members have been conducted.

Key findings from this research affirmed that the WRAP programme has played a significant role in recovery for many Chinese consumers. The result also suggested areas which need to be modified in order to become a culturally appropriate approach.
Introduction

The Mental Health Recovery (including the Wellness Recovery Action Planning) Programme (commonly referred to as WRAP) was developed by Mary Ellen Copeland and others following their own personal mental illness and recovery experience in United States of America (Vermont, 2000). This programme consists of five key concepts of mental health recovery: hope, personal responsibility, education, self-advocacy and support, and a personal action plan involving a system for the self-monitoring of symptoms (Copeland, M. 2000). WRAP has been widely recognised as an effective personalised recovery method and evidenced by its use by many mental health sufferers internationally (Pocklington, 2007).

Affinity Services, a well-known community mental health service provider in Auckland, New Zealand (formally named Te Korowai Aroha), sponsored Copeland’s first visit to this country in 2000. Since then, the WRAP programme has been adopted by many mental health recovery services in NZ (Anderson, et al 2005; McIntyre, L., 2006). As kindly permitted by Ms Copeland, the WRAP book and the WRAP facilitator training manual have been translated into Chinese in order to meet the expressed needs of Chinese consumers and mental health professionals. Since 2002, the WRAP programme has been delivered to Chinese consumers in New Zealand.

Bo Ai She (BAS) was set up after some initial Chinese WRAP groups had been run (Zhang & Wong, 2006). It now has become a consumer-led recovery-orientated peer support organisation in New Zealand. The WRAP programme is one of the key programmes in this organisation. Members who have learned the WRAP programme have been observed making many positive changes in their lives. However, questions about the effectiveness of the WRAP programme with Chinese consumers still remain among the WRAP group facilitators and the BAS organisers.

Growing Research In Practice (GRIP) is a project set up to facilitate “practitioner research” which is research carried out by practitioners using the information and research questions arising from practice to inform and improve practice (GRIP 2006). The Bo Ai She committee decided to grip this golden opportunity to evaluate the effectiveness of the mental health recovery programme with Chinese consumers. The research team was a group of volunteers of mental health and research professionals and Bo Ai She committee members. Due to limited resources, this study was designed as an in-house evaluation.

McIntyre (2006) reported an evaluation of the WRAP workshop run by Copeland in New Zealand. However, to date there was no research report on Copeland’s WRAP programme with Chinese Consumers in New Zealand and overseas. This study intends to answer two questions: How has this Western-style mental health recovery programme helped Chinese consumers’ recovery? Do any changes need to be made in order for this programme to be more suitable for Chinese consumers? The outcome of this research will help to develop a more culturally appropriate approach to Chinese consumers’
recovery and it will also be useful to gain more support to deliver this programme to Chinese consumers, family members and mental health professionals.

Methodology

A qualitative research method was conducted in this study. The researchers developed semi-structure questionnaires for interviews in individuals and focus groups with the supports from mentors. A research focus group was arranged to discuss the purpose of the proposed research and the importance of ownership of this research by Bo Ai She members. The positive response from members of Bo Ai She was overwhelming. Voluntary participants from members received a written information sheet in Chinese and a consent form to sign.

In order to collect information from various resources, individual consumers who had developed WRAP plans, mental health professionals and family members were interviewed in individual and group settings. Eight voluntary consumers and three mental health professionals were interviewed individually. Five family members and five consumers participated in two focus groups perspectively. Participant’s profiles are presented in Table One.

Ethic issues – the study was designed as an in-house evaluation and was approved by the committee of BAS. The research team had discussions with mentors on ethical issues. The committee ensured the study was ethically safe for the participants, the researchers and the community. Issues included authority and cultural influences that may affect the findings of the research. For instance, some of the participants might only give positive feedback about the programme in order to appreciate the trainer of the WRAP training. Therefore the interviewers would be neutral persons who strongly emphasise the confidentiality during interview process.

Table One: Participants Profile

<table>
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<tr>
<th>Participant</th>
<th>Number of Participants</th>
<th>Remarks</th>
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| Consumer who has learned WRAP at least 3 months; individual interview | 8                      | 6 females; 2 males  
Age 2 = 25-35; 4 = 45-60; 2 > 65  
Years in NZ: 3 > 20, 5 = 3-11  
Years of illness: 2 > 10, 6 < 10  
Diagnoses:  
5 = Depression; 2 = Schizophrenia, 1= Bipolar  
7 have been hospitalised |
| Mental health professionals; individual interview | 3                      | 3 females;  
Psychiatrist registrar;  
Mental health nurse;  
Community support worker |
| Consumer focus group                             | 5                      | All females                                                                  |
| Family member focus group                        | 6                      | 3 females; 3 males  
4 mothers, two husbands and one son |

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Main findings

Five themes have been identified and discussed in the following: 1) knowledge of WRAP program; 2) utilisation of the Program; 3) influences of individual’s life; 4) sharing the program and 5) suggestions for change.

1. Knowledge of WRAP programme

   The length of utilising the WRAP plan by the participants varied from 3 months to 3 years. All learnt the programme in a group setting. Some had participated more than once in the WRAP training. During the research interview, most of them still remembered details of the programme. Only one consumer participant reported that she had attended a WRAP group but she couldn’t remember any detail of the programme. She reported that her mind was not there at the time of training.

   None of the family members have attended any WRAP training workshops. Two of them have read handouts about the programme from members who attended a WRAP group.

   None of the mental health professionals have attended any WRAP training workshops. Two of them have learned about WRAP from their clients and one of them personally has bought the WRAP book. One of them had no idea about WRAP prior to the interview.

2. Utilisation of the WRAP programme

   Twelve of the 13 consumers reported that learning the WRAP programme has been useful for them. They had used the personal plan in their daily life. Most participants reported that all parts of WRAP were useful, particularly in detecting the triggering of early warning signs and the daily maintenance plan. Two consumers reported that they used the crisis plan when their emotion was not stable. A few consumers reported that they were able to develop adherence to their medication. The consumer who could not remember any detail of the WRAP programme had reported that she was able to communicate to a member in her WRAP group and gained comfort and encouragement. Overall, the feedback about the usefulness of the WRAP programme was strongly positive and it was highly utilised to develop strategies in maintaining wellbeing.

   Learning the WRAP programme helped consumers in various ways:

   - ‘to recognise the status of my health’ and ‘helped myself to overcome the difficulties’
• “I can recognise the symptoms of relapse, I have made some plan for myself. For example, keep eating healthy food, have regular exercise, talk to someone when I am not feeling well”

• “I would increase a little dosage of my medications if I really cannot sleep. It can help improve the situation”.

Metaphors used were:

• “It seems like I was sitting in a well and jumping out of it after learning (WRAP). It has changed me to view a wider sky”.

• “Triggering factors (are) the most helpful part. It seems like you need to jump out from the small piece of land as quickly as possible. You can’t stay there forever.”

Several family members emphasized that WRAP has taught consumers how to release their emotion so they could better control their emotion when their moods were unstable. One family member reported that WRAP has “helped her to live independently. If she becomes sick, we know how to help her”.

However, one family member argued that WRAP is only a superficial exercise because the recovery needs a fundamental change in consumers’ thoughts.

3. Influences of the WRAP programme in individuals’ lives

Consumers were asked to report on the influences of WRAP in their life. The following areas have been identified.

Symptoms
Most of the participants reported that their life became more stable and the symptoms had reduced. “I have gained a good understanding of my symptoms; therefore I can distinguish them from my health conditions and manage them in time.” Some participants reported that due to the reduced symptoms the dosage and frequency of their medication has reduced as well. One consumer emphasized that having WRAP does not mean that one can get rid of medication, but that it does mean that symptoms do not get worse.

Thoughts
Several consumers reported that they now have more positive thinking:

• “Not to always keep negative views on life.” “I have understood and accepted that much bad luck happened to me.”
• “(I) understood the difficulties and sufferings of immigration, and not to blame those bad lucks I have experienced”.

• “The attitude towards others has been changed, (I now) know how to make a proactive approach”.

Relationships
Most interviewed consumers reported that their relationships with other people had improved.

• “I have more verbal communication with others; my family reflected I am much better than before”.

• “(I) talk to family and then they are more patient about me”.

Self-advocacy
Consumers reported they felt more confident to ask doctors questions and to talk to doctors about their needs. The same observation was reported from professionals: that consumers who had learned the WRAP programme knew how to ask and strive for rights and medication.

Support and seeking help
All participants reported that they get more support from family members, professionals and other members. Participants actually showed they are more actively able to seek help. One said:

“When I felt unwell I would find someone to talk to”.

Professionals also reported they have observed that consumers who have learnt the WRAP programme appear to support each other. Compared with other consumers they tend to be closer to each other.

Quality of life
Overall, most participants reported that their quality of life had improved. They described this:

• “I became happier”

• “Since I practice the maintenance plan daily, I do not have signs of illness. My life is fulfilling”.

Families’ perspective
Several family members discovered that the services user in their family had made notable changes after join the WRAP group. They were more independent in their own life and could help with house chores which they did not do before. The
relationship between the family members and the consumer had improved. The WRAP programme taught the consumer how to express their emotion so they could better control their emotion. Communication among family members was improved.

**Professionals’ perspective**
Professionals—reported that they observed the consumers who have learned the WRAP programme were more corporative and open mind.

- “They are more confident to tell you what they want. They will ask if they need help.”
- “He has made a plan to be home, to be independent, (is) more cooperative and open minded. (They are) more confident to tell you what they want. They will ask if they need help.”
- “They find it easier to tell you their early warning signs.”
- “(They) have more ideas when making their management plan with professionals.”

**Developing strategies**
The consumers talked about coping strategies they had developing as a result of the WRAP programme, such as eating three meals per day and a more nutritional diet, drinking 6-8 cups of water every day but avoiding coffee, exercising, doing Qigong and Taichi, taking a hot shower, reading the newspaper, revising the WRAP material.

- When I feel sick, listening to music is the best way to cope. Then I forget my worries.
- Every time when getting sick, I phoned and talked to my friend. I'd get better. I also watch photos in happy times. Having good memories helps forget my worries.
- Hot bath, listening to music and singing songs also help me to forget unhappiness.

4. **Sharing of the personal WRAP plan**
Most consumer participants shared their personal recovery plan with other members in Bo Ai She. Some of them used their personal experiences to help new members to develop their personal plans. One consumer experienced that in sharing her plan with her family, the family members had better understanding, more patience towards her and gave her more encouragement. However, some of the consumers’ family members did not show any interest in knowing about their personal plans. None of the consumers had shared his/her personal plan with professionals.
Only one family member reported that the consumer has shared her WRAP plan with them and none of the professionals reported that any consumers had shared their WRAP plan with them.

5. Changes suggested

Consumers, family members and professionals all contributed suggestions to improve the WRAP programme in order to suit Chinese culture. The suggestions included:

- Need to use simple language and not too much jargon
- Introduce more Chinese-style wellness tools
- Having longer sessions or more sessions
- Give more explanations about the content
- Use the media for promotion so that the programme is more accessible for consumers outside Bo Ai She and members of public
- Family members participate in learning WRAP

In the family members’ focus group, four out of six participants responded that they would like to attend the WRAP training in order to learn more about mental health recovery. They suggested that consumers need more individual assistance in developing their personal plan. They felt that a copy of the WRAP programme should be available to the family member to help the consumer to communicate with doctors about the WRAP plan.

All professionals wanted to know more about the programme. They would like to have a copy of the consumer’s WRAP crisis plan in their clinic file. They believed that would be a great help for them to help the consumer when they became unwell and required professional attention.

- “It would give us a better understanding about him as a person, about his values”.
- “In crisis time, professionals can protect clients’ rights if they know what (treatment) they want ...”

Discussion

Despite being limited by the small sample size and the depth possible in one short interview, the main findings from this research have consistence with the findings from two previous surveys on the WRAP programme (Vermont, 2000; McIntyre, L. 2006). All the studies showed that the WRAP programme has significant influence on the participants’ recovery journey. The major influences on the consumers are improved conceptual understanding of their own mental illness and planning their own recovery pathway.
The key concepts of mental health recovery introduced by the WRAP programme are hope, personal responsibility, education, self-advocacy and support. Interestingly, no one in the individual interviews or the focus groups mentioned the word “HOPE” in this research data. However, the findings indicate that through identifying the triggering factors, recognising early warning signs and making a proactive plan to cope with daily stress, the WRAP programme provides a powerful tool for people who suffered mental illness to recover and to prevent relapse. This tool empowers them to regain control of their lives, subsequently providing a hope for recovery.

The finding from this study showed that the daily maintenance plan is a practical way to exercise one’s personal responsibility for recovery. There are enormous examples of strategies that consumers shared with the interviewers. The WRAP plan is a very personal approach so it can accommodate individuals’ needs. In order for the programme to be more suitable for Chinese, more Chinese-style tools need to be developed and added into the Wellness Toolbox.

One of the findings from this research is that consumers prefer to learn the WRAP programme in a group setting. This may reflect the collective-orientated Chinese culture. Learning new concepts and skills is one thing, practicing them in a supportive environment is more important for recovery (Copeland & Mead, 2003). Further research on the relationship between WRAP and peer support for one’s mental health and recovery from a cultural perspective would be recommended.

**Conclusion and further actions**

Although introduced from the Western-style programme, the Wellness Recovery Action Planning has had a significant influence on the journey of recovery for Chinese consumers.

The preliminary result of this research has already been applied to a new WRAP group in Bo Ai She. In this recent WRAP training group, we have introduced a buddy system to individual members to help them develop their own personal WRAP plan more effectively. The outcome and feedback from the new members and the group facilitators are very positive.

The other change that will take place is that the group facilitator will ensure all the members of the new WRAP group make a copy of their crisis plan to share with their clinical professionals. The recovery pathway is a joint effort from the consumers, family members and professionals.

Finally, the research group will report the findings to the participants and the members of Bo Ai She. The consumers have ownership of the WRAP programme and the outcome of this research. The committee will continue to evaluate and improve the effectiveness of the programme with Chinese consumers.
References


GRIP (2006) Growing Research In Practice Powerpoint presentation shown at Workshop 1 February 2006


