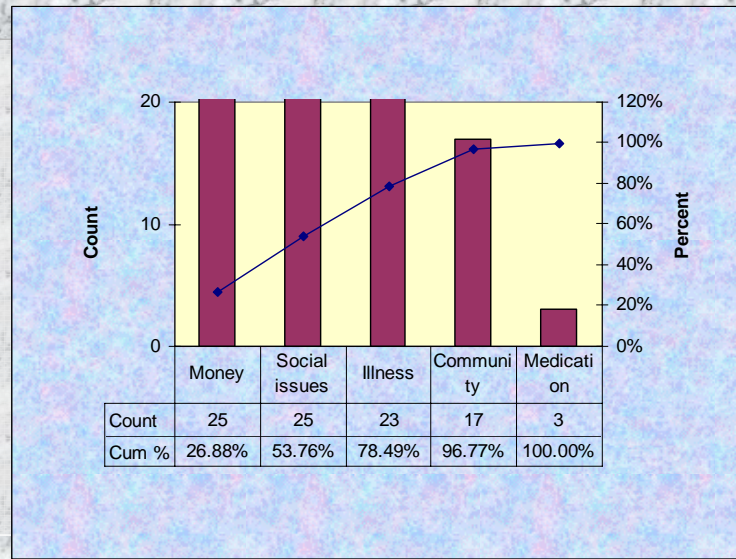


2007 NSW Health Awards Entry

Entry Title (50 characters or less)
Improving Quality of Life by Increasing Social Activity
Abstract (120 Words)
The experience of the EPIS team and feedback from consumers and their families confirm that the positive symptoms of psychosis respond well to antipsychotic medications. However many young EPIS consumers are left with persistent and disabling negative symptoms. Evidence of the disabling effects and poorer outcomes for individuals with significant negative symptoms has been well documented in the literature (Dennis et al 2000). Of particular concern has been the impact of negative symptoms on the consumer's level of social activity. A Clinical Practice Improvement Project team was formed that included consumers and carers. The team investigated the nature of the problem and aimed to find ways of increasing social activity. Outcomes of the project included a range of strategies to address the problem.
Aim (30 Words)
In partnership with consumers and carers, the project team aimed to investigate the nature and causes of low social activity and to develop strategies to address the issue.
Nature of the Problem (100 words)
The aim of the project has been to investigate the causes of low social activity in consumers and to promote strategies that will improve social activity. The initial intervention for new referrals to EPIS focuses on alleviating the positive symptoms of psychosis. Typically during the early days of intervention the positive symptoms gradually reside. The negative symptoms unfortunately tend to persist. Carers (and to some extent consumers) at this stage express concern about their family member's diminished interest and initiative in social interactions. Typically the young person will engage in little or no social activity outside of the immediate family.
Extent of the problem (150 words)
At the commencement of the project in May 2006, with feedback from case managers, 35 consumers registered with EPIS were allocated scores on a subscale for passive/apathetic social withdrawal. The tool used was the Positive and Negative Syndrome Scale for Schizophrenia (PANSS). 57% of consumers were assessed as being within the moderate to extreme range for social withdrawal. Separate focus groups were held for consumers and carers that confirmed the presence of the problem. Feedback from focus groups and project team meetings identified the main issues as; lack of money, social issues including stigma, the illness itself and community issues including lack of knowledge about local activities. Consumers suggested an EPIS organised social group but without staff in attendance. Having staff in attendance would be a reminder that they had a mental illness. Surveys were completed by 17 EPIS consumers to gauge interest in a social group and to identify and prioritise types of social activity.

Pareto Chart



Strategic importance (100 words)

This project and the process used for achieving the results could be applied to other mental health services where the aim is to prevent or reduce long term social deficits in consumers. The process used of working with consumers and carers in partnership with health professionals could be applied to a range of health areas.

Planning and implementing solutions (300 words)

Solutions to the problem has included the implementation of the 'NightWorks' social activity programme. 'NightWorks' is organised by EPIS staff but staff do not attend activities. With the use of the consumer surveys a list of social activities in the local area has been used to schedule events. Activities are scheduled fortnightly and occur outside of business hours to allow for those studying or working. A flyer detailing the event, the cost and the time and place to meet is mailed to all consumers 10 days prior to each event.

Attached to each flyer is a small 'smiley' sticker for consumers to wear and identify each other. On the last working day prior to the event, EPIS staff text or telephone reminders to each consumer. Another outcome of the project has been the production by EPIS of a handbook titled '101 Things to do'. This handbook lists a range of social activities for young adults to do in the local area. All consumers are given a copy and carers also have access to a copy. A further outcome of the project has been the commencement of an indoor soccer team at a local sport's centre. Consumers participate in competition with the public and there has always been a full team turning up. The final initiative of the project has been to educate carers more on the issue of low social activity in their family members and to encourage carers to work in partnership with EPIS in facilitating more activity. The issue is also discussed at the EPIS Family Support Group and at the Family Education sessions. On referral to EPIS all consumers are given a brochure describing NightWorks'.

Carers are also informed about the programme and encouraged to support their family member in attending.

Outcomes and Evaluation (200 words)

Twelve 'NightWorks' events have been held since its inception in August 2006 to the present time. The minimum number of consumers that have attended any one session has been four with six being the maximum. Anecdotal feedback has been very positive from consumers attending and also from carers. Feedback from case managers is that those consumers attending span the range of negative symptoms and also include those with significant social anxiety. That is that consumers with moderate to severe negative symptoms attend alongside those consumers who have a much higher level of functioning. It appears that those consumers with high levels of functioning encourage those more disabled in participating in the group, a role previously considered the domain of the case manager or carer. Many of those attending previously had little or no social interaction with their age peers; they are now able to participate in 'normal' social activities.

Sustaining change (100 words)

Consumers will be invited to the EPIS annual planning day where feedback on the issue will be invited. Case managers will continue to place importance on involving carers in improving social activity. At least once a year a specific presentation will be given to the Family Support Group on the issue. All Family Education Programmes for new families (held 2 -3 times a year) will include a segment on improving social activity. Annual surveys will be given to EPIS consumers eliciting their feedback on social activity. Annual focus groups for consumers will be held to review progress and to elicit further initiatives.

Future Scope (100 words)

Three main lessons from the project could be applied to other mental health settings. Firstly it is essential that consumers be consulted on how to address issues and for them to determine goals. Activities driven and initiated by mental health staff only will have less success. Secondly, in view of the difficulties many people with psychotic disorders have with organisation, mental health staff needs to be proactive in ensuring that everything is done to facilitate activities. Thirdly carers need to be made aware of the problem and the importance of their involvement in actively increasing social activity.

Reference:

Dyck, D.G., Short, R.A., Hendryx, M.S., Norell, D., Myers, M., Patterson, T., McDonell, M.G., Voss, W.D, and McFarlane, W.R. 2000. Management of Negative Symptoms Among Patients With Schizophrenia Attending Multiple Family Groups. *Psychiatric Services*, 51, pp 513-519.