

Progress Report 4 – The Change Foundation

Grant No. 05059

Reporting Period: May 01, 2007 – January 25, 2008

1. A) Project Activities

Project momentum increased in this time period.

Major activities are outlined in detail below. They include:

Final peer recruitment

Ongoing schizophrenia program staff & client education

Completion of remaining matches of peers with peer supporters

Supporting peer partnerships on a daily/monthly basis

Wellness Recovery Action Plans (WRAP) education for enrolled peers

Data collection & analysis

Presentations and publications about the project

Collaborating in a WRAP dissemination project for the Champlain district

Submission of Health System Improvement Pre-proposal to the Champlain

Local Health Integration Network (LHIN)

Final peer recruitment

Due to the challenge of recruiting sufficient inpatients in time for the approaching project end-date, we decided, in May '07, to expand recruitment to include the Royal Ottawa Mental Health Centre (ROMHC) Schizophrenia Outpatient program. After discussion with the manager and the clinical director of the Schizophrenia Program, we liaised with the Schizophrenia Day Hospital staff to discuss candidate selection.

We recruited five outpatients and four inpatients in this time period. In addition to this:

A peer who was recruited in the preceding reporting period has moved out of the Ottawa area and therefore dropped out of the project.

A peer decided not to continue with the partnership but still calls the peer support coordinator for assistance and is considering rejoining.

Two supporters required time off for personal health reasons.

Attempts were made to match one inpatient but were not successful (person had issues with substance use and violence).

At the end of December 2007 there were 18 peer partnerships.

Schizophrenia inpatient program staff & client education

We discontinued attendance at the inpatient clinical team meetings once we began recruiting from the outpatient segment of the Schizophrenia program.

Client education continued in this reporting period. The peer support coordinator, the project evaluator and the Psychosocial Rehabilitation (PSR) Leadership Team promoted the project on an individual basis with outpatients of the Schizophrenia program.

The Tuesday afternoon informal WRAP group on the inpatient Schizophrenia unit continued on a weekly basis until the end of December 2007. It was facilitated by a member of the PSR Leadership Team.

Ongoing matching of peers with peer supporters

There were eighteen active peer partnerships at the end of December 2007.

Twenty-two peer partnerships were established during the entire Project period.

Supporting peer partnerships on a daily/monthly basis

There were Wellness Project Gatherings in May and November 2007. These brought together peers, peer supporters, the PSR team, Psychiatric Survivors of Ottawa (PSO) staff, and the project's consumer/survivor staff. They were well attended and enhanced the understanding and appreciation of the project.

The peer support volunteers and the Peer Support Coordinator (PSC) continue to meet monthly at PSO. Both the peers and their supporters have access to the PSC on a daily basis, if needed, via a cell phone or in person at the ROMHC or PSO. Daily meetings often provide solutions to a current problem or advice about a situation. In some instances, the PSR team member supporting the match were consulted or provided additional support.

The monthly meetings provide the peer supporters with the opportunity to express concerns and support each other in their continued learning to assist their partners as well as fostering ongoing learning, self-empowerment, and strengthening mutual support.

WRAP education for enrolled peers

Enrolled peers were offered the opportunity to learn to develop their WRAP in several ways: Through individual coaching, group learning, or both.

Of the nine peers recruited in this time period, five peers have chosen to develop their WRAP through group coaching- either through WRAP groups offered at the ROMHC or at PSO. One peer is being coached by their assigned member of the PSR Leadership Team. Three peers have not yet received WRAP coaching, opting to focus only on peer support at this time.

Some peers who enrolled earlier in the project have opted to re-join a WRAP group - offered either at the ROMHC or at PSO - to deepen their learning and to make up for previously missed sessions.

Data collection and analysis¹

In this section we will discuss data collection and analysis as they pertain to:

- **a) Project development**
- **b) Wellness Plans**
- **c) Peer support**
- **d) System of care**
- **e) Client level evaluation**

a) Project Development:

We collected:

Feedback from the instructors via an end-of-project interview

Feedback from those who enrolled in the peer supporter training

Feedback from peers and peer supporters during two social gatherings

Feedback from instructors:

Two staff from Psychiatric Survivors of Ottawa (PSO) attended a Peer Support Training-the-Trainer session and developed the training package. Free, accessible training was provided to forty-six consumer/survivors during three waves of training. Twenty-five consumer/survivors completed both levels of training. Twenty of these were readily available for peer support matches. The five remaining trained supporters may be ready for a match at a later date, depending on their personal wellness and the availability of a suitable peer.

¹ Copies of the instruments used for data collection from peers are included in Appendix A1.

Virtually every class participant, whether they attended one class or several, has commented on the beneficial effect that participating in a classroom has had on their recovery and wellness. The training was continually adapted to offer an informative and comfortable setting to consumer/survivors.

Classes were active, with many icebreakers to build comfort among the participants. Role plays, brainstorming and interactive group work were also employed to enhance the participants' learning. The training emphasized what happened between participants – process - rather than an emphasis on curriculum content.

The training was divided into two levels. The first level was six days and consisted of basic peer supporter skills. Many participants found the information useful and commented that it had general applications in their lives. The second level was four days in length and provided learning about the job of one-to-one peer support.

The training sessions at the second level were individualized to meet each group's main concerns. As well, one day was devoted to mental health rights and peer support versus being in a helper role. Participants explored setting boundaries based on a mutual partnership. These boundaries were different than the ones set with friends. Diagnoses were de-emphasized; the focus was to see the peer that they would be spending time with as a whole person. This was difficult for some of the participants. The teachings focused on help and not cure or 'policing' the peer.

What we learned from this feedback:

- There is a need for a consumer developed suicide prevention program. The volunteers were offered Safe Talk which did not work for people with personal experience with suicide, providing too much of a 'pat answer' format. The Applied Suicide Intervention Skills Training (ASIST) Program was not offered.
- People changed. They recognized that consumers have stigma about mental health and those with diagnoses. The groups started breaking down their own stigmas.
- They realized they had a lot of the information already; the training put it into a structure.
- Confidentiality among the team of volunteers/peer supporters was not the same as confidentiality on a one-to-one basis. Guidelines about confidentiality needed to be explored on an individual basis as well as for a group, and the original definition of confidentiality had to be expanded.

See Appendix A2 for further details.

Feedback from those who enrolled in peer support training:

The training was well organized and the teaching well paced. The participants had many positive statements about the training. Participants found the atmosphere to be friendly, honest, supportive and accepting. They liked the group activities, in particular the pair exercise; some found them to be challenging- they note that self-confidence was required. They found learning about diversity and mental illness to be very helpful. The setting was excellent; comfortable and safe.

Participants found little that they did not like about the training. One found too much "seat work" on the last two days, while another found that one participant was overtaking the class. Participants felt confident about the skills they had learned.

Participants made suggestions for future training. They included more conflict resolution, more information on WRAP, paid peer support, suicide, anxiety, assertiveness, boundaries, and community resources. The training was rated as excellent, the skills learned were deemed to be very transferable. Participants would recommend this training to others.

See Appendix A3 for further details.

Feedback from peers and peer supporters during two social gatherings in 2007:

The responders (peers and peer supporters) repeatedly referred to the Wellness Project and the learning of WRAP as a great educational experience for themselves and others. The process improved self-confidence, developed a greater sense of hope, was mutually supportive and enabled one to see the transformation to recovery.

See Appendix A4 for further details.

b) Wellness Plans:

The information we used to approach this question was the questionnaire developed by the Copeland Centre to evaluate the outcome from participating in WRAP groups.

The questionnaire was modified to include some qualitative measures related to recovery plans. This instrument was administered by interview every four months.

1. Quantitative

No differences were observed in the responses of peers from time one to time two on the YES/NO questions. When reporting on frequency of contact with friends and family, about one quarter of our peers met friends or family every day. One-half met weekly and one quarter met monthly.

If all methods of communication are considered, about half of our peers reported connecting daily, one fifth weekly, one quarter monthly and the rest once per year.

2. Qualitative

We modified the WRAP evaluation questionnaire created by the Copeland Centre to assess the impact of participating in WRAP groups. We expanded on the "YES/NO" questions of the basic questionnaire and asked:

"Do you have several friends and family members to support you in difficult times?"

"Do you have some ideas about things you could do to develop some new friends or strengthen your relationships?"

"Do you have any special things you do to ensure that you get good health care for yourself?"

" Circle the things you do to help yourself feel better and to keep yourself well":

- | | |
|------------------------------|--------------------------------|
| 1. Support from friends | 2. Peer counseling |
| 3. Focusing | 4. Exercise |
| 5. Relaxation | 6. Stress reduction techniques |
| 7. Exposure to outdoor light | 8. Food supplements |
| 9. Daily plans | 10. Counseling |

"What other therapies help you stay well?"

"What creative or leisure activities help you stay well?"

"Please list other things you do to help yourself feel better and keep yourself well"

"What would make it easier for you to do things that will help your recovery?"

The peers provided a richness of material, writing a great deal. Their writing was thoughtful and consisted of wealth of wellness self-management tools and strategies. Themes of connecting and receiving and giving support predominated.

See Appendix B1 for further details.

c) Peer support²:

As per Progress Report 3, the questionnaire was originally intended as a mail-in form. We discovered that this was not practical for the peer supporter volunteers. Instead, it was given to them to fill out at the end of their monthly peer support meetings. The questionnaire explored the frequency, quality, nature and extent of contact between peer supporters and peers. It also addressed their view of the quality of the monthly peer support meetings.

The majority of the peer pairs met once a week. Over time, the peer pairs developed individualized preferences in how they chose to connect, i.e., in person and/or by phone. The majority of matched pairs preferred to meet in person.

Most people chose to spend time in conversation over food – lunch, dinner, brunch and coffee. Activities ranged from going for drives, attending movies, hockey games, playing pool, bowling, attending concerts, going for walks, window shopping, going to bookstores, museums and libraries and even took a steam train ride. For the most part, meetings were approximately 2 to 4 hours in duration.

The peer pairs spent their \$50.00 allowance in the following ways:

- Transportation – bus tickets, gas for car
- Telephone care - for long distance calls
- Food - meals, coffee, snack foods, pizza
- Entertainment - movies, hockey games, playing pool, attending concerts, visiting museums, purchasing magazines

² A copy of the instrument used for data collection from peer supporters is included in Appendix C1.

When a peer was in hospital, communication was sometimes hampered by having to use the shared hospital phone. Messages were not relayed or peers forgot to return messages. Illness also hampered connecting when peers forgot about schedules peer supporter visits. Further connecting challenges existed for some after a peer's discharge from hospital because of geographic distance.

People felt improved communication in hospital between pairs would have made connecting easier; some thought having alternative contact/phone numbers would also have helped. The importance of clarifying appointment times and meeting place was also noted.

In describing peer support, most of the peer supporters identified that it was a positive experience. Only 3% found the experience to be a negative one. Negative experience was often viewed as a challenge, with all of the peer supporters choosing to "not give up."

The peer-peer supporter connection became a positive opportunity to meet new people and socialize in a safe manner. Mutual respect, trust, honesty, and a non-judgmental manner were key values attributed to a successful connection. Friendship, shared common interests and experiencing mutual learning and support were cited as added benefits.

Active engagement in recovery was noted with the development of WRAP, the reinforcement of hope, personal responsibility, sharing of information, and building trusting relationships. There were expressions of bringing joy, hope and happiness to one another with the appreciation of strengths in others. Last but not least was the

expression of one individual “It gives meaning to my suffering by sharing experiences”.

A major challenge has been understanding mental illness symptoms (acuity) and the repercussions of those difficulties, i.e., connecting scheduling, keeping appointments, miscommunication, and building a relationship. As well, some peers were also trying to deal with their own symptoms – this complicated their relationship.

The majority of peer supporters attended the monthly peer supporter meetings held at PSO. Most of them found the meetings helpful. They appeared to be very invested in these meetings. Several suggestions were made to improve the process and content of the meetings.

The peer supporters valued the programme. The peer supporters’ comments expressed the value of the Wellness Project and their desire for its continuation. Support/assistance from others was also seen as important. Peer supporters felt a sense of satisfaction to be able to give back by helping a person in their recovery journey.

See Appendix C2 for further details.

d) Feedback from Schizophrenia program staff:

On December 06, 2007, three members of the project team met with the staff of the Schizophrenia program. At this meeting, project outcomes were shared and staff was asked to complete a project feedback questionnaire.

It is clear from their feedback that they wholly support recovery and that they value the role of peer supporters. They felt the project had a significant impact and several spoke of the need for sustainability of the project.

See Appendix D1 for further information.

e) Client level:

1. Quantitative

Due to staggered enrolment, the interviews were completed as follows:

Seven peers completed the fourth set of interviews.

Three peers completed the third set of interviews

Nine peers completed the second set of interviews

The interviews took one to three hours to complete, depending on the peer's level of wellness.

We undertook an analysis of the relationships between quantitative measures chosen for the Wellness Project. Baseline protocols from 54 participants in WRAP groups were examined. The main findings were that the internal reliability of the measures, as measured by Cronbach's Alpha, varied from .927 to .721³.

The instruments' sensitivity to change was estimated by examining pre/post protocols from 26 WRAP participants. The main findings were that statistically significant positive improvements were found on all four measures. Since this finding was obtained with a small sample size, we conclude that the measures chosen to detect change in Wellness Project participants are sensitive to the processes that the Wellness Project is interested in.

The size of the effect detected by the instruments ranged from .3 of their standard deviation (for the Mental Health Confidence Scale and the Recovery Scale) through .4 of a standard deviation (the Empowerment Scale) to .5 of its standard deviation for the Hope Scale. By convention, .2 of a standard deviation

³ State Hope Scale-.927; Mental Health Confidence Scale-.935; Empowerment Scale-.878 and Recovery Scale-.721. We observed that two items of this scales 40 item reduced the reliability of the scale-item 29 "My symptoms seem to be a problem for shorter periods of time each time they occur" and item 32 "I ask for help, when I need it". Without these items, reliability would be.....[greater than .827].....

is considered a small effect, .5 s.d. is considered a moderate effect, and .8 s.d. is considered a large effect.

The pre/post analysis also provided opportunities to estimate instrument reliability. The eight estimates of Chronbach's alpha (pre and post for each measure) ranged from .95 to .74.

The analysis of the quantitative data collected from the Wellness Project created a longitudinal self-report model of the data collection for the project, as we did not know when effects of the project might appear. Yet, we were not able to analyze the data longitudinally, because the numbers of subjects who completed more than two interviews was too small. As a result, we chose to examine only the data collected at baseline and at the three month follow-up. Twenty-one peers contributed information to these analysis findings.

No changes were observed on any of our measures when baseline scores were compared with three month follow-up scores.

Patterns of inter-correlation between measures were calculated. There are basically three kinds of measures in the battery of questionnaires administered to subjects – measures of Wellness Plan skills (the Copeland Centre questionnaire), measures of quality of life (QOL), and measures of recovery. The measures of the Wellness Plan skills correlated with the recovery measures, but not with the QOL measures at baseline. At time 2 (three months), Wellness Plan skills showed no correlation with other measures. For the most part, measures of the recovery and QOL correlated at moderate to strong levels with each other, and also the separate measures of recovery and QOL were inter-correlated in the same way. See appendix E for the reproduction of the correlations.

2. Qualitative

This is captured in the above section, **b) Wellness Plans, 2. Qualitative**

Presentations and publications about the project

Presentations:

On August 13, 2007, the Royal Ottawa Mental Health Centre, the Canadian Mental Health Association and Psychiatric Survivors of Ottawa submitted a Health System Improvement pre-proposal to the Champlain District Local Health Integration Network (LHIN). The proposal intends to further develop the sustainability of the Wellness Project. See Submission of Health System Improvement Pre-proposal, below.

Presentation to Schizophrenia Program Dec 06, 2007 on project outcomes.

December 7, 2006. 28th Annual Research Day of the Department of Psychiatry, University of Ottawa and the 11th Annual Yvon D. Lapierre Resident Research and Academic Day. Held at the ROMHC.

Two poster presentations related to the Wellness Project were presented:

- Participants in WRAP groups make gains on several measures of recovery.
- Dissemination of Wellness Recovery Action Plans: From Hospital to Community.

Publications:

Three articles in *The PSO Update*, (May, June, July 2007) circulation in Ottawa area approx. 500 per month. Hard copies attached at the end of the appendices. Blogs from peer supporters and peer support coordinator at <http://www.wellness-project.org/blogs.html>

Scarrow, J. It Takes a Team to Treat Mental Illness. *Registered Nurse Journal*, September/October 2007; 12-15. Hard copy attached at the end of the appendices.

A peer and peer supporter matched pair are preparing a joint article on their experience. It will be submitted for publication in 2008.

Collaboration in a WRAP dissemination project for the Champlain District

The WRAP dissemination project, a collaboration between PSO, the PSR Leadership Team at the ROMHC, CMHA Ottawa, and the Mental Health Support Project of Lanark, Leeds & Grenville, has three stages:

The first stage, the Mental Health Recovery and Wellness Recovery Action Planning Community Conference, held May 07, 2007, was a resounding success. Four hundred participants attended – consumers, practitioners, agency representatives from the Champlain District.

The second stage, WRAP Development training, took place in May and June, in various locations in Eastern Ontario. Sixteen WRAP groups have been held across the Champlain District and more than 120 consumers have developed WRAP plans.

The third stage, WRAP facilitator training, took place June 25-29, in Ottawa. Twenty-three WRAP facilitators were trained. Eighty percent of these were consumers, and some of whom were peer support volunteers in the Wellness Project.

In the fourth stage, as per the Health System Improvement Pre-proposal, the following will be offered:

- WRAP Train the Trainer – 8 Trainers

- Training of 20 additional WRAP Facilitators

- Provide WRAP groups – 20 groups per year x 8 participants 160 people per year with WRAP plans

- French translation of WRAP and Peer Support training materials

See Appendix F for details.

Submission of the Health System Improvement Pre-proposal

On August 13, 2007, the Royal Ottawa Mental Health Centre, the Canadian Mental Health Association and Psychiatric Survivors of Ottawa submitted a Health System Improvement (HSI) pre-proposal to the Local Health Integration Network (LHIN). The proposal relates to the LHIN HSI priorities in addictions and mental health and chronic disease prevention and management. It integrates the Wellness Project and the Wellness Recovery Action Planning and expands their reach to a larger number of individuals experiencing serious mental illness.

For addictions and mental health: The proposal is a person-centered approach, combining individualized recovery plan and peer support; it uses recognized best practices and involves peers in the care of others and bridges the transition from hospital to community.

For chronic disease prevention and management: It assists individuals to develop Wellness Recovery Action Plans (WRAP-an evidenced based recovery tool), which helps them monitor and address their mental illness and wellness.

In the **access area**, the proposal offers free access to WRAP groups from across the Champlain LHIN, it offers free, open access to peer helper and peer support training to consumer/survivors in a comfortable setting, offering discharged ROMHC patients peer

support and WRAP plan with the intention of reducing re-hospitalization and improving community access.

On January 16, 2008 the proposal received verbal confirmation that it was accepted with a total one – time budget of \$127,500 and ongoing funding of \$197,000. At press time, we received **written confirmation**, and we will include the confirmation letter in this report.

For details, see appendix E, Health System Improvement Pre-proposal.

1. B) Success in achieving major project milestones

There have not been any significant changes to the critical path as revised May 2006. The revisions of May 2006 accurately reflect activities that occurred during the current reporting period and all milestones have been achieved.

Project milestones are described in terms of development, implementation, evaluation and communication in the critical path. Although not numbered in the path, for sake of convenience, this commentary refers to the critical path milestones by number. For example, the “development” phase identifies six milestones, which we number 1 through 6, with “presentation” to the ROH Ethics Board as #1, and “Recruit peer trainees” as #6.

Development Milestones:

Items 1 through 6 have been completed.

Implementation Milestones:

Items 1 through 6 have been completed. Item 5 was completed in this reporting period.

Evaluation Milestones:

Quantitative and qualitative data collection is complete. Analysis of both is complete. See section 1A, project activities, presentations and publications for reports to stakeholders.

Communication Milestones:

Milestones 1 and 2 are well underway.

Milestone 3 will be completed with an item in the ROMHC newsletter in February 2008

Milestone 4 is supported by the PSR team member and a representative of PSO sitting on the Rehabilitation and Recovery Work Group of the Champlain Mental Health Network. Post January 25, 2008, PSO will continue attending the meetings.

Milestone 5 was completed on December 06, 2008, as described in the data collection and analysis section.

Milestone 6 – first communication to the Ministry through the LHIN took place August 13, 2007. This final report is our last communication to the Ministry of Health and Long-Term Care.

Milestone 7 was accomplished in the previous reporting period.

1. C) Expected difficulties in achieving future milestones

N/A

2. Evaluation framework

Evaluation of project development

In this section we wish to know if we have been able to create and provide the

support we plan to offer the peers. To this end, we collected information from the people who expressed an interest in being matched with a peer supporter. Information was collected by orientation to the project, personal contact and discussion, written description of the project and its opportunities, and those who agreed to participate provided consents. Baseline interviews preceded the matching process.

Twenty-one baseline interviews were completed.

We also considered the recruitment and training of peer supporters as a fundamental activity of project development. A wide variety of recruitment strategies were utilized to encourage persons in recovery to volunteer as peer supporters. We spoke with community organizations of consumer-survivors, we advertised orientation sessions and we approached individuals whom we thought might be interested.

Training: We began with training two project staff from PSO, our community partner, to become peer support trainers. These trainers then developed our training package, drawing on a wide variety of peer support training curricula. Two courses were developed: six days on basic peer supporter skills, and four days on in-depth learning about the role of peer support.

Once matches were underway, monthly meetings for the peer supporters began. These meetings offered the volunteers the opportunity to share successes and obtain support about the challenges they encountered in their new role. Most of the peer supporters attended the meetings and found them beneficial. This is described further in the data collection and analysis section of this report (section 1A).

Given that the information we gathered from peers was largely anecdotal and by responses to structured questionnaires about recovery and empowerment, we realize that we did not collect information that explicitly explored their experiences of peer support and participation in the project. We hope that this oversight will be

corrected in the second phase of the project, by the development of a questionnaire exploring these issues.

Evaluation of the creation and implementation of the wellness plan:

The information we used to approach this question was the questionnaire developed by the Copeland Centre to evaluate the outcome from participating in WRAP groups. This instrument was administered by interview every four months. The questionnaire was modified to include some qualitative measures related to recovery plans. These are reported in the data analysis section (1A).

As noted in Progress Report 3, Section 3, Learning to Date, Wrap Education and Development, the enrolled peers mention that they need more time to be ready to work in a formal way on WRAP. The project team has supported their pace of readiness and peers have been offered a variety of self-paced opportunities to learn about WRAP.

Some of the original questions we intended to ask regarding the peers' wellness plans, now appear overly intrusive. On reflection, it may be more helpful to gather information about WRAP and how peers develop their WRAP, from the WRAP follow-up groups that are being proposed for this community - perhaps in a focus group format. (See Section Changes in the system of care)

Evaluation of the implementation of peer support:

As per Progress Report 3, the questionnaire was originally intended as a mail-in form. We discovered that this was not practical for the peer supporter volunteers. Instead, it was given to them to fill out at the end of their monthly peer support meetings. They were provided with a \$10 honorarium after completion of each questionnaire. This method proved effective in collecting considerable amounts of information. Results are described in Section 1A, data analysis.

Enhancement of the coordination of the system of care:

Although we expected to measure this through specific measures, for the most part, this was not possible for us. For example, we intended to use detailed information from the peers' wellness plans, but we decided that it was not practical to do this, as noted in the previous section.

We collected feedback from the staff in the Schizophrenia program – informally throughout the project, and via a questionnaire administered at the December 06, 2007 presentation. See section 1A, data analysis.

During the course of the project, the acceptance of and the use of WRAP plans throughout the Champlain district has grown exponentially. WRAP plans are now accepted and supported within the consumer/survivor community and at the Ottawa Branch of the Canadian Mental Health Association (Ottawa CMHA). See section 1A, WRAP Dissemination Project.

In addition, peer support is being validated and recognized by consumers and service providers as an essential wellness resource, an important adjunct to treatment and a key to recovery. Many former patients of mental health who are now peer supporters no longer see medical practitioners in a negative light. Many individual consumer/survivors have found new meaning in their life.

The Wellness Project has been sustained – see Section 1A, Submission of Health System Improvement Pre-proposal to the LHIN. This is an important development and it is hoped that impacts on the system of care will be observed and evaluated in the project's second stage.

Client level evaluation:

The instruments we administered were first piloted as part of an evaluation of WRAP groups offered at the hospital from 2005-2007. All instruments were found to have acceptable levels of reliability. They were moderately correlated. See Section 1A, data analysis.

Our earlier reports note that we were successful in our methodology of data collection.

3. Learning to date

Matches

Recurrent challenges in the peer supporters and peer partnerships are: Trust-building, communication and boundary setting.

Despite the challenges, when a match works, it really works. People have had their lives changed for the better because of this project. Of the forty consumer/survivors who were involved, only two could say the Wellness Project did not have an overall positive effect on their recovery.

WRAP education and development:

Although the peers have recognized the usefulness of WRAP, they have mentioned that it takes more time to be ready to work in a formal way on WRAP. Their priority appears to be on spending energy connecting with their peer supporter and developing trust, especially when negotiating the transition from the inpatient setting to home. It can take several months post-hospitalization before a peer is able to begin developing a WRAP.

Project staff learned that it is best to offer peers a variety of ways to develop their WRAP. Apart from the time it takes to engage peers with WRAP, delivery is best customized to each peer's preferred method of learning.

Some peers have taken the WRAP course more than once. The first time they begin to see a pattern to mental illness and their struggles. The second time around they begin to find personal solutions to these struggles.

Impact of project

The impact of our project at the front-line 'micro' level is well documented, as noted earlier in this document.

The impact at the hospital administration and executive leadership level is mixed. On the one hand, administrators of the Schizophrenia program have valued the success of the project. On the other hand, due to the pressure of growing financial constraints, the hospital made a decision to issue notice of layoff to the members of the PSR leadership team, effective January 25, 2008. There is overlap between the meso and macro levels as senior hospital leadership and PSO are active members of the Champlain District Mental Health Network (CDMN).

The impact at the macro level, through the CDMN and the Champlain LHIN, is significant. The CDMN recommended to the LHIN that one of the highest mental health priorities be peer support and recovery plans. This set the stage for the LHIN to approve the pre-proposal.

We anticipate that the project will continue to impact positively at all levels.

4. A) Communication and sharing of learning

We present the research findings of this project through:

- Presentations at the University of Ottawa Research Day November 30

- Submission of articles for publication

4. B) Articles, newsletters, presentation materials

See hard copies attached, as per Section 1A, presentations and publications..

5. Sustainability of grant project

The Champlain Mental Health Network has identified recovery plans and peer support as priorities in its 2007 report to the Champlain District Local Health Integration Network (LHIN).

The PSR Leadership Team continued, up to December 2007, to offer WRAP groups to all people in the ROMHC and in the Champlain District.

The three-stage community WRAP training project, planned collaboratively by PSO, the PSR Leadership Team at the ROMHC, CMHA Ottawa, and the Mental Health Support Project of Lanark, Leeds & Grenville is achieving the goal of disseminating WRAP in the Champlain District.

The PSR team has obtained a commitment from management that the team will be able to complete report writing, presentations and project-related articles for publication until the end of January 2008.

PSO is also a strong believer in The Wellness Project and hopes that this short term project leads to the long term practice of providing peer support and wellness plans to aid a person's mental health recovery.

PSO explored funding venues via the Champlain LHIN with a view to support existing peer partnerships past the grant period. The Ottawa Hospital provided \$5000 in bridge funding to PSO, to sustain this project at present levels, until the spring of 2008. If new funding is secured for April 2008, PSO will be actively seeking a hospital or community organization that believes in this mental health recovery program.

PSO will also offer further peer support training, as detailed in the Health System Improvement Pre-proposal. See Appendix E.

PSO believes that providing WRAP and Peer Support to people making the transition from hospital to home is a vital recovery program.

6. Financial report

The financial report shows resources and expenditures through December 2007.

Expenses committed through January 2008 are explained.

See attached document. It is sent separately electronically as if is created with another software. An explanation of the final financial position , written by the IMHR financial officer follows:

Hi Dr. Bell,

Please find attached the Financial report for the Wellness Project as of December 31, 2007. As you can see from the report, the project is in a deficit of \$6,206 at the end of December. If we add back the \$10,000 holdback we are expecting from the Change Foundation, we are left with \$3,794 to spend. However, there are still \$2,669 of expenses committed that have not yet been recorded in our G/L as of the end of December. Once these expenses are charged, there will be approximately \$1,125 left to spend on the project.

Hopefully this is not too confusing. If you have any questions, please don't hesitate to contact me.

Adèle

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Intentions for remaining funds

We intend to spend the remaining funds to pay for the services of the IMHR expert who is analyzing the project's data.

APPENDIX A1 – Instruments used for data collection from peers.

Wellness Project Peer Survey

This survey is how the Wellness Project keeps track of its progress. Filling out this survey is voluntary. You are not obligated to answer or complete questions with which you do not feel comfortable. Please answer all questions you feel comfortable to share with the project. Your responses are confidential. The information you share will only be used to help us improve the quality of our work. Ask the Wellness Project staff if you have any concerns about a question.

1. Your Age: _____
 2. Gender: 1. Female
 2. Male
 3. Ethnic Background (ex. Canadian, French Canadian, Native, Inuit or Métis):
-

Please circle the answer that best describes how you feel to each question:

4. Do you have hope that you can and will feel better and better? **Yes/No**
5. Do you take personal responsibility for your own wellness? **Yes/No**
6. Do you feel that it is important to educate yourself about the symptoms you experience? **Yes/No**
7. Do you know how to advocate for yourself to get what it is you want, need and deserve for yourself? **Yes/No**
8. Do you feel it is important to have several family members and friends to support you in difficult times? **Yes/No**
9. a) Do you have several friends and family members to support you in difficult times? **Yes/No**
Who? _____
b) Have you shared with you support people what they can do to help you stay well? **Yes/No**
c) Have you shared with your support people things they can do to help you When you are in crisis? **Yes/No**
10. How often do you **get together** with a member of your family or a friend(s)?
 1. About once a day
 2. At least once a week
 3. At least once a month
 4. Not at all in the past year

11. How often do you have contact with a member of your family, or a friend, by whatever means available, such as in person, telephone, mail, e-mail, and the like.
1. At least once a day
 2. At least once a week
 3. At least once a month
 4. Not at all in the past year
 5. At least once a year
12. If you do not have as many supporters as you would like now, do you have some ideas about things you could do to develop some new friends or to strengthen your relationships with your current friends and family members? **Yes/No**
*Please provide an example of what you might do:

13. Do you have any special things you do to ensure that you get good health care for yourself? **Yes/No**
*Please briefly describe one example:

14. If you take medications, do you feel that you manage them well? **Yes/No**
15. Circle the things you do to help yourself feel better and to keep yourself well:
1. support from friends
 2. peer counseling
 3. focusing
 4. exercise
 5. relaxation
 6. stress reduction techniques
 7. exposure to outdoor light
 8. food supplements
 9. daily plans
 10. counseling
16. What **other therapies** help you stay well? (For example, massage therapy, chiropractic, naturopathy, and so on). Please tell us about them:

17. What **creative or leisure activities** help you stay well? Please provide an example:

-
18. Please list **other things you do** to help yourself feel better and to keep yourself well:
-
19. Do you have a list of things you do every day to keep yourself well? **Yes/No**
20. Do you know what your triggers are? **Yes/No**
21. Do you have a plan or ideas of what you can do to keep yourself well, or help relieve symptoms if you are triggered? **Yes/No**
22. Do you know the early warning signs that tell you things are starting to get worse? **Yes/No**
23. Do you have a plan or idea(s) of what you can do to keep yourself well, or help yourself, when things are starting to get worse? **Yes/No**
24. Do you know what signs indicate you are feeling much worse? **Yes/No**
25. Do you have plan or idea(s) of what you can do to help relieve symptoms if You are feeling much worse? **Yes/No**
26. Are you familiar with a crisis plan or advanced directive is? **Yes/No**
27. If you know what it is, are you developing one for yourself, or are thinking about developing one for yourself? **Yes/No**
28. Do you know how to change your negative thoughts to positive ones? **Yes/No**
29. Do you feel that negative things that have happened might cause your symptoms? **Yes/No**
If so, do you know what to do to help yourself feel better? **Yes/No**
30. Do you know things you can do and/ or do to keep yourself from hurting yourself when you are feeling badly? **Yes/No**
31. Do you think your lifestyle helps you to feel better and get well? **Yes/No**
32. Do you think there are some things about your lifestyle that you could change to Help yourself feel better? **Yes/No**
33. Is it hard for you to do things that will help you recover? **Yes/No**

34. What would make it easier for you to do things that will help you recover?

After completing the Wellness Project survey, we would appreciate it if you could take a moment and, in the space provide below, share your thoughts about your experience with the Wellness Project. Your feedback is important to us and helps guide the development of future mental health recovery programs. Thank you very much for taking the time to complete this survey.

Adapted from:

WRAP Training Pre and Post Survey by **Mary Ellen Copeland**,
The Quality of Life Interview by **Anthony F. Lehman, 1986.**

Quality of Life

The following is a questionnaire that will help you assess where you feel your life is currently at and where you hope your life is going.

1. a) Where on the ladder do you feel your life has been during the past month?
b) Now, think about life a year ago, where on the ladder do you feel your life was a year ago?
c) Think about the future, where on the ladder do you think your life will be a year from now?

 2. This question is a very general one. How do you feel about your life as a whole?
-

Quality of Life Interview

1. Look at this list of words. There are seven choices between each pair of words. Tell me which number for each pair best describes what you think about your life in general.

I THINK MY LIFE IS:

Boring	1	2	3	4	5	6	7	Interesting
Enjoyable	1	2	3	4	5	6	7	Miserable
Useless	1	2	3	4	5	6	7	Worthwhile
Full	1	2	3	4	5	6	7	Empty
Discourage	1	2	3	4	5	6	7	Hopeful
Disappoint	1	2	3	4	5	6	7	Rewarding
Brings out the Best in me	1	2	3	4	5	6	7	Doesn't give me a chance

Adult State Hope Scale Items and Directions for Administering and Scoring

Goals Scale for the Present

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes how you think about yourself right now and put that number in the blank before each sentence. Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this “here and now” set, go ahead and answer each item according to the following scale:

1= Definitely False	2= Mostly False	3= Somewhat False	4= Slightly False	5=Slightly True	6= Somewhat True	7=Mostly True	8=Definitely True
------------------------	--------------------	-------------------------	----------------------	--------------------	------------------------	------------------	----------------------

___ If I should find myself in a jam, I could think of many ways to get out of it.
_ 1.

___ At the present time, I am energetically pursuing my goals.
_ 2.

___ There are lots of ways around any problem that I am facing now.
_ 3.

___ Right now, I see myself as being pretty successful.
_ 4.

___ I can think of many ways to reach my current goals.
_ 5.

___ At this time, I am meeting the goals that I have set for myself.
_ 6.

Notes: The Agency subscale score is derived by summing the three even-numbered items; the Pathways subscale score is derived by adding that three odd-numbered items. The total Hope Scale score is derived by summing the three Agency and the three Pathways items. Score can range from a low of 6 to a high of 48. When administering the State Hope Scale, it is labeled as the “Goals Scale For the Present.” Taken from Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology*, 2, 321-335. The Scale can be used for

Name: _____

Date: _____

Recovery Assessment Scale

Please read the following list of statements that describe how people sometimes feel about themselves and their lives. Please read each one carefully and indicate the response that best describes the extent to which you agree or disagree with the statement by circling the appropriate number.

From: Corrigan, P. W., Giffort, D., Rashid, F., Leary, M., & Okeke, I. (1999). Recovery as a psychological construct. *Community Mental Health Journal*, 53(3), 231-239.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. I have a desire to succeed	1	2	3	4	5
2. I have my own plan for how to stay or become well	1	2	3	4	5
3. I have goals in life that I want to reach	1	2	3	4	5
4. I believe I can meet my current personal goals.	1	2	3	4	5
5. I have a purpose in life.	1	2	3	4	5
6. Even when I don't care about myself, other people do.	1	2	3	4	5
7. I understand how to control the symptoms of my mental illness.	1	2	3	4	5
8. I can handle it if I get sick again.	1	2	3	4	5
9. I can identify what triggers the symptoms of my mental illness.	1	2	3	4	5
10. I can help myself become better.	1	2	3	4	5

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
11. Fear doesn't stop me from living the way I want to.	1	2	3	4	5
12. I know that there are mental health services that do help me.	1	2	3	4	5
13. There are things that I can do that help me deal with unwanted symptoms	1	2	3	4	5
14. I can handle what happens in my life.	1	2	3	4	5
15. I like myself	1	2	3	4	5
16. If people really knew me, they would like me.	1	2	3	4	5
17. I am a better person than before my experience with mental illness.	1	2	3	4	5
18. Although my symptoms may get worse, I know I can handle it.	1	2	3	4	5
19. If I keep trying I will continue to get better	1	2	3	4	5
20. I have an idea of who I want to become	1	2	3	4	5
21. Things happen for a reason.	1	2	3	4	5
22. Something good will eventually happen.	1	2	3	4	5

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
23. I am the person most responsible for my own improvement.	1	2	3	4	5
24. I'm hopeful about my future.	1	2	3	4	5
25. I continue to have new interests.	1	2	3	4	5
26. It is important to have fun.	1	2	3	4	5
27. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5
28. My symptoms interfere less and less with my life.	1	2	3	4	5
29. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5
30. I know when to ask for help.	1	2	3	4	5
31. I am willing to ask for help.	1	2	3	4	5
32. I ask for help, when I need it.	1	2	3	4	5
33. Being able to work is important to me.	1	2	3	4	5
34. I know what helps me get better.	1	2	3	4	5

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
35. I can learn from my mistakes	1	2	3	4	5
36. I can handle stress.	1	2	3	4	5
37. I have people I can count on	1	2	3	4	5
38. I can identify the early warning signs of becoming sick	1	2	3	4	5
39. Even when I don't believe in myself, other people do.	1	2	3	4	5
40. It is important to have a variety of friends.	1	2	3	4	5
41. It is important to have healthy habits.	1	2	3	4	5

Name: _____

Date: _____

Mental Health Confidence Scale

We would like to know how confident you are about your ability to help yourself deal with those things that commonly influence our lives. For each item, indicate *how confident you are that you could do something to help yourself right now*.

Directions: Rate the degree of your confidence by circling a number from 1 to 6, where 1= very nonconfident and 6 = very confident

HOW CONFIDENT ARE YOU RIGHT NOW THAT YOU CAN:

	Very Nonconfident	Nonconfident	Slightly Nonconfident	Slightly Confident	Confident	Very Confident
1. Be happy	1	2	3	4	5	6
2. Feel hopeful about the future	1	2	3	4	5	6
3. Set goals for yourself	1	2	3	4	5	6
4. Get support when you need it	1	2	3	4	5	6
5. Boost yourself-esteem	1	2	3	4	5	6
6. Make friends	1	2	3	4	5	6

	Very Nonconfident	Nonconfident	Slightly Nonconfident	Slightly Confident	Confident	Very Confident
7. Stay out of the hospital	1	2	3	4	5	6
8. Face a bad day	1	2	3	4	5	6
9. Deal with losing someone close to you	1	2	3	4	5	6
10. Deal with feeling depressed	1	2	3	4	5	6
11. Deal with feeling lonely	1	2	3	4	5	6
12. Deal with nervous feelings	1	2	3	4	5	6
13. Deal with symptoms related to you mental illness diagnosis	1	2	3	4	5	6
14. Say no to a person abusing you	1	2	3	4	5	6
15. Use your right to accept or reject mental health treatment	1	2	3	4	5	6
16. Advocate for your needs	1	2	3	4	5	6

From: Carpinello, S. E., Knight, E. L., Markowitz, F. E. & Pease, E. A. (2000). The development of the mental health confidence scale: A measure of self-efficacy in individuals diagnosed with mental disorders. *Psychiatric Rehabilitation Journal*, 23, 236-243.

MAKING DECISIONS

Instructions: below are several statements relating to one's perspective on life and with having to make decisions. Please circle the number above the response that is closest to how you feel about the statement. Indicate how you feel now. First impressions are usually best. Do not spend a lot of time on any one question. Please be honest with yourself so that your answers reflect you true feelings.

PLEASE ANSWER ALL QUESTIONS
 BY CIRCLING THE NUMBER THAT BEST DESCRIBES HOW YOU FEEL
 PLEASE CHECK ONLY ONE.

1. I can pretty much determine what will happen in my life.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

2. People are only limited by what they think is possible.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

3. People have more power if they join together as a group.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

4. Getting angry about something never helps.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5. I have a positive attitude toward myself.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

6. I am usually confident about the decisions I make.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

7. People have no right to get angry just because they don't like something.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

8. Most of the misfortunes in my life were due to bad luck.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

9. I see myself as a capable person.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

10. Making waves never gets you anywhere.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

11. People working together can have an effect on their community.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

12. I am often able to overcome barriers.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

13. I am generally optimistic about the future.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

14. When I make plans, I am almost certain to make them work.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

15. Getting angry about something is often the first step toward changing it.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

16. Usually I feel alone.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

17. Experts are in the best position to decide what people should do or learn.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

18. I am able to do things as well as most other people.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

19. I generally accomplish what I set out to do.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

20. People should try to live their lives the way they want to.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

21. You can't fight city hall.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

22. I feel powerless most of the time.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

23. When I am unsure about something, I usually go along with the rest of the group.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

24. I feel I am a person of worth, at least on an equal basis with others.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

25. People have the right to make their own decisions, even if they are bad ones.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

26. I feel I have a number of good qualities.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

27. Very often a problem can be solved by taking action.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

28. Working with others in my community can help to change things for the better.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

APPENDIX A2 - Feedback from the instructors (lead trainers) about the training of the peer supporter volunteers.

The obvious

- Trained 3 groups – each own personality
- Each created a definition of peer support early in training:

“A Peer Supporter listens and empathizes with an individual who is at a time in their life where they need someone to understand what they are going through. We let them know they are not alone by using appropriate peer-to-peer level communication by drawing upon our own experience to mentor in a mutually trustworthy fashion a positive recovery outcome.” *Wave I, May 16 2006*

“Peer Support is the limitless task of supporting people by helping them define what is well for them and giving them what they need at the time. While providing the benefit of our lived experience, peer supporters strive to remain positive, calm, non-judgmental, open-minded, caring, ordered, and peaceful.” *Wave II, September 5, 2006*

“A Peer Partnership is a friendly, respectful relationship between two people in recovery desiring to build an evolving relationship rooted in hope and empathy. Peer Support grows through Trust, Listening, and Shared Experience.” *Wave III, January 15, 2007*

- Level 1 - 6 days
 - Basic peer support skills
 - Useful everywhere/generally applicable
- Level 2 – 4 days
 - Job of one on one peer supporter
 - Individualized by group needs
 - 1 day on each groups main concerns
 - Mental health rights
 - Peer support vs helper
 - Some could not be matched – i.e. they could not understand basic concepts such a supporter vs helper
 - Setting boundaries – different than used to – not friendship/not service → mutual – developing relationship [not therapeutic]
 - De-emphasize diagnosis emphasis on seeing whole person – hard for some groups

- Not concerned re: medication
- NOT 'help' and 'cure' or 'police' (vs – positive example)
- People changing/paradigm was shifting, own stigma was being breeched - Consumers do have stigma/to be broken down
 - Created strong friendships through training
 - Not job to assess peer
- Need to have a consumer developed/delivered suicide prevention needs something between 'assist' and 'safe talk'
 - Red Flag - Identified need
 - Safe Talk vs Assist



Doesn't work for people who have personal experience with suicide experience too much of a pat answer format



Not offered

- We learned
 - Confidentiality among the team of volunteers/peer supporters
 - What does confidentiality mean
 - Team meetings\
 - Definition of confidentiality had to be expanded from original concept which was centre on the peer pair
- Needed:
 - Workshop on gaining autonomy with medication
- How classes worked
 - Active class
 - Ice breakers [numerous]
 - Role play
 - Interactive group work
 - Brainstorming
 - Training was what happened amongst participants
 - Had a lot of the information
 - This put it into a structure

Structure of the Classes/Groups:

- Trained 3 groups
- Two levels of training
- How classes worked

- Active class
- Ice breakers [numerous]
- Role play
- Interactive group work
- Brainstorming

Class/Group Content:

- Each group created own definition of peer support
- Level I:
 - Consisted of 6 days of training
 - Basic peer support skills
 - Useful everywhere/generally applicable
- Level II
 - Consisted of 4 days of training
 - Job of one on one peer supporter
 - Individualized by group needs
 - 1 day on each groups main concerns
 - Mental health rights
 - Peer support vs helper

APPENDIX A3 – Feedback from those who enrolled in the peer supporter training.

Peer Supporter Training Evaluation – June 2006

The training was well organized and the teaching well paced. The participants had many positive statements about the training. They liked the group activities, in particular the pair exercise, as well they found learning about diversity and mental illness to be very helpful. The setting was excellent; comfortable and safe. Participants found little that they did not like about the training. One found too much “seat work” on the last two days, while another found that one participant was overtaking the class. Participants felt confident about the skills they had learned.

Participants made suggestions for future training. They included more conflict resolution, more information on WRAP, paid peer support, and suicide issues. Participants found the training to be excellent and would recommend it to others.

Group setting: Excellent rating, comfortable and safe.

Facilitator Activities:

Positive: Chosen to support learning objectives. Worked well, were organized, positive, empowering, participative discussions, positive interactions reported. Learned about diversity, learned new skills of evaluation.

Negative: One person found another overtaking group.
Too much seat work last 2 days.
Two persons complained about circle of complaints.

Confidence of skills: response excellent.

Suggestions about training:

1. Request more in depth.
2. Conflict resolution.
3. More information on psychology.
4. More information on suicidal issue.
5. More information on paid peer support.

Overall: Excellent training with recommendations of training to others.

Peer Supporter Training Evaluation – September 2006

Participants in the training enjoyed the activities although some found them to be challenging; they note that self-confidence was required. Participants found the atmosphere to be friendly, honest, supporting and accepting. People suggested topics for further learning. These included such themes as community resources, assertiveness, boundaries, suicide and anxiety. Participants felt confident that the skills learned very transferable. They all said they would recommend the support training to others.

1. What did you like about training and why?

Enjoyed material, interesting, everyone involved with activities, challenged intellect, friendliness, honesty, feeling of support and acceptance.

2. Was there something you didn't like about the training? Why?

Too much class participation made it drag on.
Some exercises required lots of self-confidence – person found challenging.
Very demanding.
Remainder of participants (5), no comment.

3. Is there an area or new topic you would like to learn more about?

Community resources.
Assertiveness.
Everything.
Boundaries.
Suicide, anxiety.
Psychological aspects of relationships.

4. Do you feel confident that you have the skills to be a peer helper?

Only 2 of 9 said “no”.

5. Do you feel comfortable in the group setting? If not, why?

All – yes.

6. Were you comfortable with the facilitators/trainers? If not, why?

All – yes.

7. Would you recommend this support training to others?

All – yes.

8. Rating of training:

1 = 3.

8 = 4 – excellent.

9. Suggestions or comments?

No point in taking first 6 weeks if not continuing.

Keep it up.

Dirty floor distracting.

APPENDIX A4 – Feedback from peers and peer supporters during two social gatherings in 2007.

Wellness Project Feedback from Social Gatherings in May and December 2007 Summary

The responders (peers and peer supporters) repeatedly referred to the Wellness Project and the learning of WRAP as a great educational experience for themselves and others. The process improved self-confidence, developed a greater sense of hope, was mutually supportive and enabled one to see the transformation to recovery.

Question #1: What did you like about the Wellness Project?

The training was reported to be excellent, open minded and thorough with follow-up supportive monthly meetings. The responders repeatedly referred to the Wellness Project and the learning of WRAP as a great educational experience for themselves and others. The process improved self-confidence, educated (re: illness symptoms and resources), developed a greater sense of hope, was mutually supportive and enabled one to see the transformation to recovery through peer support.

The opportunity for social interaction encouraged meeting new friends with confidence through support and were fun. As well, appreciation for resource support, lunch, coffee, child care and bus tickets enabled gatherings to occur.

The Wellness Project opened new doors for peers and peer supporters, allowing individuals to improve at their own pace, achieve goals and reminded all that there is recovery.

Question #2: What don't you like about the Wellness Project?

One person reported "I didn't like feeling uncertain at the beginning of the project about my ability to support someone fresh out of the hospital. But out of that uncertainty grew strength of character and a wider knowledge base of recovery tools and language."

There were reported problems with contacting peers in a hospital setting. One person felt more dedicated than their peer supporter and the relationship was discontinued. Some complained about lengthy meetings. The overriding complaint was the project being forced to end:

"I don't like the politics that have forced this project to end. Human wellness should not be at the prerogative of uninformed stakeholders who do not have a clear understanding of what mental illness is."

Question #3: Any suggestions?

Suggestions call for more WRAP facilitator training available to all consumers. That it be expanded to other mental hospital sections for all those who suffer symptoms of mental illness regardless of diagnosis. "Continue the project."

"WRAP is a key ingredient to recovery. Peer support allows a unique opportunity to make a WRAP come alive and work in a person's life."

Question #4: How has the Wellness Project made a difference in your life?

"I have a new and wonderful friend who is as close to me as one of my sisters."

"I feel stronger in my own recovery program and am more confident to take risks in opening up new avenues of opportunity for learning"

"I have become a more experienced advocate of personal responsibility and education for those with a mental illness"

"I am enthusiastic about WRAP in my own life as well as in the lives of others."

"I believe that mental illness has to be treated as any other illness or injury with dignity, respect, solid evidence-based treatment plans and mutual cooperation."

"I have learned so much about my own personal worth and, because I am positive-minded and enthusiastic, this affects the attitude, belief systems, and confidence level of others."

"Training has helped me tell family members how I may need or want to be supported."

APPENDIX B1 - Wellness Project Peer Survey: Themes from Qualitative Questions

Question 9: Do you have several friends and family members to support you in difficult times?

- 20 of the 23 participants listed family
- 6 of the 23 participants listed friends
- 5 of the 23 participants listed peer supporter
- 4 of the 23 participants listed professionals/clinicians
- 1 of the 23 participants listed people from church
- 2 of the 23 participants listed did not respond

Question 12: Do you have some ideas about things you could do to develop some new friends or strengthen your relationships?

- 17 of the 23 participants listed connecting with others either through one to one or group connections, volunteering, sports or social activities, and sending cards or letters
- 2 of the 23 participants listed wellness self management/self care activities such as structure and daily planning or avoiding people who participate in substance use
- 3 of the 23 participants listed the importance of personal attributes and behaviour [“behave sanely”]
- 1 of the 23 participants listed sharing WRAP
- 6 of the 23 participants listed did not respond

Question 13: Do you have any special things you do to ensure that you get good health care for yourself:

- 13 of the 23 participants listed making and keeping appointments with clinicians, self advocacy with medical staff
- 5 of the 23 participants listed taking medications
- 3 of the 23 participants listed exercise
- 2 of the 23 participants listed importance of good nutrition
- 2 of the 23 participants listed self awareness, symptom self management
- 2 of the 23 participants listed issues around substance use
- 1 of the 23 participants listed stress management strategies such as meditation, yoga, breathing exercises
- 1 of the 23 participants listed setting personal goals
- 3 of the 23 participants listed did not respond

Question 15: Circle the things you do to help yourself feel better and to keep yourself well:

Total Number of strategies listed = 352

Activities: 1. Support from friends; 2. Peer counseling; 3. Focusing; 4. Exercise; 5. Relaxation; 6. Stress reduction techniques; 7. Exposure to outdoor light; 8. Food supplements; 9. Daily plans; 10. Counseling

Page	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5	Activity 6	Activity 7	Activity 8	Activity 9	Activity 10
1	8	6	6	5	7	4	6	2	4	4
2	9	10	7	6	9	8	10	3	6	8
3	6	5	4	6	6	3	6	6	6	6
4	7	3	2	8	6	3	5	1	6	5
5	3	1	1	7	5	5	6	4	4	5
6	6	5	2	7	6	5	7	3	6	8
7	4	2	3	5	4	2	5	2	4	2
Total	43	32	25	44	43	30	45	20	32	38
%	13%	10%	8%	13.53%	13%	9%	13.84%	6%	10%	12%

There were only minimal changes in the strategies used during the project. Some participants tried new strategies. * = % of the total number [325]

Question 16: What other therapies help you stay well?

- 7 of the 23 participants listed massage therapy
- 5 of the 23 participants listed stress management strategies such as meditation, yoga, prayer, breathing exercise, mindfulness
- 4 of the 23 participants listed exercise
- 3 of the 23 participants listed diversionary activities such as movies , music
- 2 of the 23 participants listed nutritional issues
- 2 of the 23 participants listed counseling with clinicians
- 6 of the 23 participants listed did not respond

Question 17: What creative or leisure activities help you stay well?

- 18 of the 23 participants listed physical activities such as walks, working on the farm, playing with/walking their dog, bowling, martial arts, other sports
- 10 of the 23 participants listed music either listening or playing an instrument/singing
- 10 of the 23 participants listed cultural/arts activities such as drawing, movies/films, theatre, writing
- 6 of the 23 participants listed reading
- 3 of the 23 participants listed food related activities such as breakfast out, coffee shop
- 3 of the 23 participants listed games such as video games
- 7 of the 23 participants listed miscellaneous activities such hot bath, nap, internet, organizing mementos

Question 18: Please list other things you do to help yourself feel better and keep yourself well:

- 16 of the 23 participants listed self-care activities such as taking medications, relieving stress, improving sleep and eating habits
- 14 of the 23 participants listed diversionary activities such as music, reading, movies
- 9 of the 23 participants listed meaningful social activities

Question 34: What would make it easier for you to do things that will help your recovery?

- 9 of the 23 participants listed wellness self-management strategies
- 5 of the 23 participants listed connection with others and support
- 1 of the 23 participants listed miscellaneous items such as more money

APPENDIX C1 – Instrument used for data collection from peer supporters.

WELLNESS PROJECT

Evaluation of the Implementation of Peer Support

Name: _____ **Date:** _____

1. How often do you connect with your peer?
Once a day ___ Once a week ___ Once a month ___ other _____
2. How do you connect?
By phone ___ in person ___ by email ___
3. Please describe how you and your peer spend time this month. Include where you meet, for how long, and what you do together.
4. Have you and your peer made plans for next month?
5. Can you describe some ways you and your peer have chosen to use your \$50.00 allowance?
6. Have you had any difficulties in connecting with your peer – what got in the way?
7. What might have made things go better?
8. Describe how peer support has been for you this month: (Circle one)
A real boost to me a positive experience a negative experience a challenge
9. Relationship:
 - a. How do you feel about the connection you have with your peer?
 - b. What are some of the positive things about this connection?
 - c. What are some of the challenges/difficulties about this connection?
10. Peer Support Meetings at PSO:
 - a. Did you attend the peer support meetings?
 - b. How often?
 - c. Were the meetings helpful?
 - d. How could they be made more helpful?
11. Any further comments?

APPENDIX C2 – Peer Supporters’ Evaluation of the Implementation of Peer Support.

Evaluation of the implementation of peer support

Question 1: How often do you connect with you peer?

The majority of the peer pairs met once a week. Over time the peer pairs developed individualized preferences in how they chose to connect. The ‘other’ category reflects this uniqueness with the pairs meeting various number of times during the month. It also, reflects a combination of ways they connected that is both in person and by phone.

Participant	Once a day	Once a week	Once a month	Other	Questionnaire Not Submitted	Total
1	0	7	0	3	0	10
2	0	3	1	3	0	7
3	0	2	0	3	4	9
4	1	0	0	9	0	10
5	0	5	0	0	3	9
6	0	7	1	1	1	10
7	6	4	0	0	0	10
8	0	2	1	2	5	10
9	0	3	0	6	0	9
10	0	0	0	1	9	10
11	0	2	0	1	3	6
12	0	1	0	2	2	5
13	0	7	0	0	0	7
14	0	4	0	1	0	5
15	0	1	1	2	1	5
16	0	2	0	1	3	6
17	0	4	0	1	0	5
18	0	1	0	3	0	4
19	0	3	0	1	0	4
20	0	0	0	1	3	4
21	0	2	0	1	0	3
22	0	1	0	1	1	2
23	0	1	0	0	2	3
Total	7	62	4	43	37	153
%	4.7%	40.5%	2.6%	28.1%	24.1%	

Question 2: How do you connect?

Most of the contact between the peer pairs was person to person. A large majority did make telephone contacts.

Total in person visits per month: 84.14 (67.8%)

Total phone visits per month: 39.19 (31.6%)

Total email visits per month: 0.85 (6.9)

Total # of visits: 124.18

Total # of visits per participant (in person): 26.95

Total # of visits per participant (phone): 13.6

Total # of visits per participant (email): 0.27

Total: 40.82

Question 3: Please describe how you and your peer spent time this month. Include where you met, for how long, and what you did together.

Most persons chose to spent time in conversation over food – lunch, dinner, brunch and coffee. Activities ranged from going for drives, attending movies, hockey games, playing pool, bowling, attending concerts, going for walks, window shopping, going to bookstores, museums and libraries and even took a steam train ride. For the most part meetings were approximately 2 to 4 hours in duration.

Question 4: Have you and your peer made plans for next month?

There was little difference between the peer pairs that made plans for the next month as compared to the peer pairs that did not make plans.

Total # of responses: 118

Total # of 'yes' responses: 61

Yes: 53.98%

Total # of 'no' responses: 57

No: 50.44%

Question 5: Can you describe some ways you and your peer have chosen to use your \$50.00 allowance?

The peer pairs spent their \$50.00 allowance in the follow ways:

- Transportation i.e. bus, gas for car
- Phone care (for long distance calls)
- Food – meals, coffee, snack foods, pizza
- Entertainment – movies, hockey games, playing pool, attending concerts, visiting museums, purchasing magazines

Question 6: Have you had any difficulties in connecting with your peer – what got in the way?

Communication was sometimes hampered by having to use the shared hospital phone. Messages were not relayed or peers forgot to return messages. Illness also hampered connecting as persons forgot about peer visits. Further challenge existed for some after discharge because of geographic distance.

Question 7: What might have made things go better?

People felt improved communication hospital between pairs would have made connecting easier, some thought having alternative contact numbers. Clarifying appointment times and meeting place.

Question 8: Describe how peer support has been for you this month:

In describing peer support, most of the peer supporters identified that it was a positive experience. Only 3% found the experience to be a negative one. Negative experience was often viewed as a challenge, with all of the peer supporters choosing to “not give up”.

Participant	A real boost to	A positive experience	a negative experience	a challenge	Total
1	3	6	0	1	10
2	1	4	1	2	8

3	0	1	0	5	6
4	6	3	0	1	10
5	0	6	0	0	6
6	1	2	3	5	11
7	9	1	0	0	10
8	0	4	0	1	5
9	2	7	0	4	13
10	0	0	0	1	1
11	0	3	0	0	3
12	1	2	0	0	3
13	0	7	0	0	7
14	5	0	0	0	5
15	1	0	0	1	2
16	0	2	0	1	3
17	3	3	0	0	6
18	1	3	0	1	5
19	1	1	0	4	6
20	0	1	0	1	2
21	0	2	0	1	3
22	0	2	0	1	3
23	1	0	0	0	1
Total	35	60	4	30	129
%	27.13%	46.51%	03.1%	23.25%	

Question 9: Relationship:

a. How do you feel about the connection you have with your peer?

Experience by all was positive in establishing bonds with peers and a rewarding trusting relationship.

Initial contact described by all participants positive, good to excellent.

Mid-way through the project, participants described getting to know each other as positive, relaxed, very good connection, great, comfortable.

Final reports describe awesome, come a long way, excellent growth in relationship, mutually supportive, inspiring, satisfying, genuine close friendship, positive, turning into friendship, gratifying, really great, respectful.

Only two participants reported frustration and found that need more time.

b. What are some of the positive things about this connection?

This connection was a positive opportunity in meeting new people and socializing in a safe manner with mutual respect, trust, honesty, and in a non-judgemental fashion. As well, friendship, shared common interests and experiencing mutual support and learning was experienced.

Active engagement in recovery was noted with the development of WRAP, the reinforcement of hope, personal responsibility, sharing of information, and building trusting relationships. There were expressions of bringing joy, hope and happiness to one another with the appreciation in strengths of others. Last but not least was the expression of one individual “It gives meaning to my suffering by sharing experiences”.

c. What are some of the challenges/difficulties about this connection?

The major challenge has been understanding mental illness symptoms (acuity) and the repercussions of those difficulties, i.e., connecting scheduling, keeping appointments, miscommunication, building a relationship.

As well, some peers were also trying to deal with their own symptoms – this complicates their relationship.

Question 10: Peer Support Meetings at PSO:

1. Did you attend the peer support meetings? (#yes's/#meetings)
2. How often?
3. Were the meetings helpful?
4. How could they be made more helpful?

The majority of peer supporters attended the monthly meetings. Most of them found the meetings helpful. Several suggestions were made to improve the process and content of the meetings. The peer supporters appeared to be very invested in these meetings.

PART.#	ITEM 1	ITEM 2	ITEM 3	ITEM 4
1.	8/9	1/mo	8xYes	If I could stay for the whole meeting
2.	7/7	"always"	7xYes	6xPerfect, supportive, more time maybe
3.	6/6	1/mo, plus 1- 1mtg	5xYes	More time for debriefing, too much to do in 2 hrs
4.	9/10	1/mo	6xYes	More time (x2), fill out this report in non-mtg time, add some time limits for feedback, sharing is good & encouraging,
5.	5/5	1/mo	5xYes	They are fine
6.	9/9	1/mo	5xYes	Make more suggestions to each other Provide replies to phone calls e.g. PSR team, coordinator Break should not run overtime Large group much better than 2 small groups Keep the meetings split up so that we don't have one overly large group
7.	10/10	1/mo	5xYes	Great the way they are Shorter (impossible)
8.	4/5	1/mo	4xYes	Time equal for each peer A little shorter in length More contact
9.	9/9	1/mo	4xYes	Less frustrating when you realize others also get cancellation plans or responses by phone More regular but we do talk long time on phone 4-5 hrs To be able to find a way to continue in October when project is abandoned Already excellent, good
10.	1/1	All mtgs	1xYes	
11.	3/3	1/mo	3xYes	Interesting, useful, shared cooperative approach, helps us to have perspective on role, humour. No, it would be helpful to hear each person's perspective, what was useful, pitfalls.
12.	3/3		3xYes	Maybe less details I find it a little uncomfortable getting too much into people's sickness Giving everybody an equal chance to share A lot of people don't show. I'd like to see how everyone is doing

13.	7/7	1/mo	7xYes	---
14.	5/5		5xYes	---
15.	4/4		4xYes	It is always nice to hear what the others have experienced. I learn from them.
16.	3/3	1/mo		Somewhat (helpful), perhaps they will be so the more of them we have- as we gain experience and experiences Some peer supporters need a lot of hand holding- I feel a bit impatient with this. Maybe they could meet as a group Stronger coffee
17.	3/5	----	3xYes	More funding I would like to see discretion (silence) when peer supporters know each other's peers- keep confidential Privacy is very difficult without embarrassing me or peer
18.	3/4	1/mo	3xYes	Very interesting, friendly faces, helps to connect with others who have peers Have the form to fill out before the meeting
19.	2/3	1/mo	3xYes	----
20.	1/1	----	1xYes	----
21.	3/3	----	----	----
22.	---	----	----	----

Question 11: Any further comments?

The peer supporters valued the programme. The peer supporter's comments expressed the value of the Wellness Project and their desire for its continuation. Support/assistance from others was also seen as important. Peer supporters felt a sense of satisfaction to be able to give back by helping a person in their recovery journey.

Part #	Comments	Themes
	Hope funds continue	Continuation
2	Thank you so much for all the support	Appreciation
	I'm so glad I can be there, this program is so important and both myself and my peer think so, keep on going. Positive thinking	Value of Wellness Project
4	You're doing a fantastic job Mark!!! I'm impressed with me, my peer, and you; in fact, the whole project	Value of Wellness Project
	I love this Wellness Project and pray that it will become a fixture of the mental health system	Value of Wellness Project
	I hope the Wellness Project continues. My peer and I will continue our relationship regardless of the outcome	Value of Wellness Project Continue relationship
5	I really enjoyed the BBQ at the Bronson Centre and hope there will be another one in August	Gathering
6	I am looking forward to meeting more regularly	Meeting
	I would like to be introduced to members I don't know, but we'll probably have check in. Yes	Meeting Process
8	Proud to be involved in peer support	Satisfaction
9	Do staff do periodic checks with them? My peer recently asked someone at the ROH to join the "Wellness Project" Mark and I saw her soon afterwards- Perhaps she got the workers, ACT team supporter and myself mixed up.	Support/Assistance
	Perhaps when she has her assessment she can be reminded or asked if she is interested in going to "places, events" and remind her that is part of the process	Support/Assistance
	This is a rewarding experience especially when you see the light, enthusiasm and sense of self returning to the peer. Nice to play some small part in it	Satisfaction
	As time goes by – am seeing how valuable the Project really is. And looking forward to it growing	Value of Wellness Project
13	The group has been a learning experience for me	Growth/learning
14	Again I want to thank the Wellness Project for training me and	Value of Wellness

	preparing me for this responsibility and opportunity	Project
16	This program is so useful to the PEER and the Peer Supporter, it <u>must</u> continue!! It will save OHIP a fortune and improve the Quality of Life of Peer and Peer Supporter	Value of Wellness Project
	No, it's a good system	Value of Wellness Project
17	Personal discussion needs more time	Meeting process
	Spend time having fun and stay positive	Meeting content
	My time is also spent going to Edgewood with my dog and talking to my friend in hospital	
	We discuss the follow thru of difficult responsibility	Meeting content
	This Program is great	Value of Wellness Project
18	Thanks to all involved in making this program a reality!	Value of Wellness Project
	I do hope the programme continues. My peer and I have discussed and agreed to continue meeting even if it doesn't	Value of Wellness Project
19	I feel that it is a good program and should be continued	Value of Wellness Project
	I enjoy it in spite of the frustration	Value of Wellness Project
22	I wish I could be at more of these meetings but circumstances like work gets in the way!	Meeting process
	Time runs away – not enough time for things	Meeting process
23	Thank you for this connection, very appreciated. Good match for me	Value of Wellness Project

APPENDIX D1 – Feedback from the staff of the Schizophrenia Program

WELLNESS PROJECT Schizophrenia Program Staff Feedback December 6, 2007

Three members of the Wellness Project met with the staff of the Schizophrenia Program in December 2007 in order to obtain their feedback. Prior to the meeting, the staff were given the opportunity to complete a survey that provided information on staff's beliefs about mental health recovery, the impact the Wellness Project had on the person's recovery, and what they did and did not like about the Wellness Project.

Outcome of the staff survey:

1. What does mental health recovery mean to you?

No longer being defined by an illness.
Ability to live one's life fully.
Improvement in one's situation or circumstances.
Establishing and attaining goals.
Improving mental health best functioning level.
Developing coping skills
Increasing satisfaction with life in living, learning and social domains, working domain as well.
Hopeful.
Taking back their lives.
Helping those with mental illness achieve sustainable goals and improve their quality of life

2. Has the project influenced your perspective on client recovery?

Yes - 88.9% (8/9)

How?:

Seen renewed enthusiasm for recovery.
Positive effect on patients.
Helping another is an important part of life.
Benefit to people's wellness.
Looking more clearly from patient's perspective.
Community resources vital in supporting patient recovery

3. Do you believe Wellness Recovery Action Plans & Peer Support have an influence on a person’s recovery?

Yes - 88.95 (8/9)

How?:

- Because it is non professional support.
- Seen positive effects.
- Fulfilled its mandate.
- Helps reduce symptoms and maintain wellness.
- Personal testimonial.
- Patients learn from those who have had similar experiences

4. Are you more aware of community resources?

Yes – 77.8% (7/9) No – 11.1% (1/9)

Examples: PSO, Apple, CMHA, ACTT, Community Centres.

5. What did you like, what would you have done differently?

What did you like	What would you have done differently
<ul style="list-style-type: none"> ▪ Education Support – Mutual supporter and supported. ▪ Well planned inclusive and respectful. ▪ Excellent level of support provided to peer supporters. ▪ WRAP Groups with PSR Team on unit. ▪ Peer support paring. ▪ Research project to show value of project. ▪ One on one great. ▪ Developing WRAP with in-patients. ▪ Supporting recovery and action. ▪ Peer support specific plan to follow. ▪ Good feedback from patients ▪ Project staff very receptive to referrals 	<ul style="list-style-type: none"> ▪ Kept program going that is so beneficial to patients. ▪ Ongoing funding. ▪ Recruit more peer supporters. ▪ Successful initiative should not have been cancelled. ▪ Clearer directions and communication on how to involve or refer someone to Wellness resources

APPENDIX E

Client Level Evaluation, Quantitative Data
Correlations at Baseline

	Hope Total 2	Mental_ Health_ Confid_ 2	Empow er ment 2	Recovery _ Total 2	Wellness_ 2	QOL_ 2	pastmos 2	pastyear 2	futryea r2	wholelife 2
Hope_Total_2 Pearson Correlation Sig. (2-tailed) N	120	.884*1 .00019	.459 .06417	.830 .00019	.430 .05820	.536* .01819	.557* .01120	.398 .08320	.662*1 .00120	.527* .03616
Mental_Health_Confidj Pearson Correlation Sig. (2-tailed) N	.864t .000 19	1 19	.433 .09416	.824* .00018	.492* .03319	.482* .04318	.476* .04019	.249 .30419	.614*1 .00519	.536* .04015
Empowerment_2 Pearson Correlation Sig. (2-tailed) N	.459 .064 17	.433 .09416	1 17	.486 .05616	.358 .15817	.207 .442 16	.199 .44517	-.322 .20817	.191 .46317	.027 .92814
Recovery_Total_2 Pearson Correlation Sig. (2-tailed)	.830*1 .000	.824* .00018	.486 .05616	1 20	.426 .06120	.588* .008	.468* .03720	.375 .10320	.491* .02820	.537* .03216

N	19					19				
Wellness_2 Pearson Correlation Sig. (2-tailed) N	.430 .058 20	.492* .033 19	.358 .158 17	.426 .061 20	1 21	.172 .470 20	.150 .516 21	-.082 .725 21	.365 .104 21	.204 .432 17
QOL_2 Pearson Correlation Sig. (2-tailed) N	.536* .018 19	.482* .043 18	.207 .442 16	.58W .008 19	.172 .470 20	1 20	.391 .089 20	.535* .015 20	.724* .000 20	.510* .043 16
pastmos2 Pearson Correlation Sig. (2-tailed) N	.557* .011 20	.476* .040 19	.199 .445 17	.468* .037 20	.150 .516 21	.391 .089 20	1 21	.292 .200 21	.547* .010 21	.115 .660 17
pastyear2 Pearson Correlation Sig. (2-tailed) N	.398 .083 20	.249 .304 19	-.322 .208 17	.375 .103 20	-.082 .725 21	.535* .015 20	.292 .200 21	1 21	.444* .044 21	.419 .094 17
futryear2 Pearson Correlation Sig. (2-tailed) N	.662* .001 20	.614* .005 19	.191 .463 17	.491 .028 20	.365 .104 21	.724* .000 20	.547* .010 21	.444* .044 21	1 21	.189 .468 17
wholelife2 Pearson Correlation Sig. (2-tailed) N	.527* .036 16	.536* .040 15	.027 .928 14	.537* .032 16	.204 .432 17	.510* .043 16	.115 .660 17	.419 .094 17	.189 .468 17	1 17

Correlation is significant at the 0.01 level (2-tailed).
Correlation is significant at the 0.05 level (2-tailed).

Client Level Evaluation, Quantitative Data
Correlations at Time 2

	Hope Total	Mental_ Health_ Confid	Empow er ment	Recovery _Total	Wellnes s	aOL	pastmo s	pastye ar	futrye ar	wholelif e
Hope_Total Pearson Correlation Sig. (2-tailed) N	1 21	.789* .000 20	.469 .067 16	.856* .000 16	.43W .047 21	.488* .034 19	676* .001 21	.207 .367 21	•539* .012 21	.606* .037 12
Mental_Health_Confid Pearson Correlation Sig. (2- tailed) N	.789* .000 20	1 22	.560* .019 17	.817* .000 16	.521* .013 22	.482* .031 20	555* .007 22	333 .130 22	575* .005 22	745* .003 13
Empowerment Pearson Correlation Sig. (24tailed) N	.469 .067 16	.560* .019 17	1 18	.808* .000 14	753* .000 18	.158 .558 16	.302 .223 18	.059 .817 18	.138 .585 18	.467 .148 11
Recovery_Total Pearson Correlation Sig. (2-tailed) N	.856* .000 16	.817* .000 16	.808* .000 14	1 17	.798* .000 17	.532* .034 16	.505* .039 17	.223 .389 17	.366 .149 17	.697* .017 11
Wellness Pearson Correlation Sig. (2-tailed) N	.438* .047 21	.521* .013 22	753 .000 18	.798* .000 17	1 23	.195 .397 21	.446* .033 23	.052 .815 23	.357 .094 23	.317 .270 14
QOL Pearson Correlation	.488*	.482*	.158	.532*	.195	1	.625*	.352	.588*	.798*

Sig. (2-tailed) N	.034 19	.031 20	.558 16	.034 16	.397 21	21	.002 21	.117 21	.005 21	.001 14
pastmos Pearson Correlation Sig. (2-tailed) N	.676* .001 21	555* .007 22	.302 .223 18	.505* .039 17	.446* .033 23	.625* .002 21	1 23	.267 .219 23	759* .000 23	.865k .000 14
pastyear Pearson Correlation Sig. (2-tailed) N	.207 .367 21	.333 .130 22	.059 .817 18	.223 .389 17	.052 .815 23	.352 .117 21	.267 .219 23	1 23	.244 .263 23	.601 .023 14
futryear Pearson Correlation Sig. (2-tailed) N	539* .012 21	575* .005 22	.138 .585 18	.366 .149 17	.357 .094 23	.588* .005 21	759* .000 23	.244 .263 23	1 23	.831* .000 14
wholelife Pearson Correlation Sig. (2-tailed) N	.606* .037 12	745* .003 13	.467 .148 11	.697* .017 11	.317 .270 14	.798 .001 14	.865* .000 14	.601* .023 14	.831* .000 14	1 14

Correlation is significant at the 0.01 level (2-tailed).
 Correlation is significant at the 0.05 level (2-tailed).

**APPENDIX F – Health System Improvement Pre-proposal
(pages 72-82)**

Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant

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HEALTH SYSTEM IMPROVEMENT PRE-PROPOSAL FORM

Introduction

On April 1 2007, as part of the Ontario Ministry of Health and Long-Term Care's (MoHLTC) health system transformation plan, Local Health Integration Networks (LHINs) assumed responsibility for planning, funding and integrating health services at the local level. LHINs, working in collaboration with health service providers (HSPs) will plan, coordinate and assess local health system performance to ensure the development of a quality health care system that is responsive to local health service needs, improve the health status of the population and is sustainable in the long term. To this end, each LHIN has developed an Integrated Health Service Plan (IHSP) to reflect the current health status of their local population and to identify areas of focus for the next three years.

To create the health care system envisioned by the MoHLTC, HSPs and LHINs need to focus their efforts to ensure that available resources are targeted to local health system priorities. Within this context, all proposals submitted to the LHINs will be assessed against local health system needs. The onus for reviewing, evaluating and acting on proposals submitted by HSPs is the responsibility of the LHIN.

To reduce the time and costs HSPs incur in preparing detailed business cases the LHINs have established a pre-proposal process. This process known as an H-SIP, will enable the LHIN to make a preliminary assessment of any request or activity contemplated by an HSP that requires the LHIN's approval.

All H-SIPs will be evaluated against LHIN priorities as outlined in the LHIN's Integrated Health Service Plan ("IHSP"), local health system needs and financial feasibility. Following the LHIN's review and evaluation of the H-SIP, an HSP may be invited to submit a detailed proposal and a business plan for further analysis by the LHIN. Guidelines for the development of a detailed proposal and business case will be provided by the individual LHIN.

The submission of an H-SIP is not formal notice of a proposed integration to the LHIN as contemplated by s. 27 of the *Local Health System Integration Act, 2006* ("LHSIA"). HSPs wishing to provide notice to the LHIN of a proposed integration under s. 27 of LHSIA, should contact the LHIN for more information.

Guidelines for Completion of an H-SIP

1. H-SIPs can be completed and submitted two ways:
 - It can be submitted through the LHIN's web site via on-line form or a downloadable word form;
 - It can be submitted through WERS (for those HSP that have access to the Web Enabled Reporting System);
2. All sections need to be completed before you are able to submit

3. Pre-proposals that involve new technology must reference the Ontario Health Technology Advisory Committee's (OHTAC) recommendation supporting the request
4. Pre-proposals must have CEO approval.
5. When considering whether to submit an H-SIP, and when completing the H-SIP, please keep in mind that it will be evaluated against the following considerations:
 - How it will improve the LHIN population health;
 - Key challenges to achieving the proposed improvement;
 - The LHIN IHSP priorities supported by the proposed improvement;
 - The extent of consultation with other HSPs and community partners across the LHIN;
 - The extent to which the proposed improvement results in one or all of the following;
 - better integration across the health system, sustainable quality improvements in care, improve patient safety, reduction in barriers to care, significant increases in efficiencies;
 - Resource requirements.

If you have any questions regarding the completion of this form please contact your local LHIN office.

Form submission: Please submit your form to the appropriate [HNHB LHIN Funding and Allocation Consultant, as listed below:](#)

[Peter Silverthorne 1-866-363-5446 ext. 212. Peter is Senior Consultant, Funding & Allocation and is responsible for all health service providers for Hamilton, Burlington and the HNHB CCAC.](#)

[Patricia Ciccarelli, 1-866-363-5446 ext. 236. Patricia is Consultant, Funding & Allocation and is responsible for all health service providers in the Niagara region.](#)

[Doris Downie, 1-866-363-5446 ext. 221. Doris is Consultant, Funding & Allocation and is responsible for all health service providers in Brant county, including the Six Nations and Mississaugas of the New Credit reserves. Doris also has responsibility for the hospitals in Haldimand and Norfolk counties.](#)

[Lousie Tremblay, 1-866-363-5446 ext. 238. Louise is Controller/Consultant Funding & Allocation and is responsible for all health service providers, \(with the exception of hospitals\), in Haldimand and Norfolk counties.](#)

Helpful Links:

[HNHB LHIN Integration Health Service Plan](#)
[MOHLTC Transformation Agenda](#)
[Ontario Health Technology Advisory Committee](#)
[Local Health System Integration Act, 2006](#)

Glossary:

Service Change (Enhancement) refers to pre-proposals to expand or improve an existing service (e.g. introduction of new model of care, increase number of patients treated/visits).

New Service refers to pre-proposals to introduce a new service that the organization has not previously provided. The new service must align with the organization's strategic direction/plan.

Integration: refers to pre-proposals that aim to coordinate, partner, transfer, merge or amalgamate services/operations for the improvement of health service delivery and patient flow through the local health care system. (As defined in *Local Health System Integration Act, 2006*)

Section 1 A – Pre-proposal Name and Submitting Health Service Providers

Proposal Title: **Wellness and Recovery Peer Support Project**

Name, Address and Email of Health Service Provider(s)

Champlain Mental Health Network

Contact:

Name:

Email:

Proposal CEO Approved:

Yes

Section 1 B – Proposed Improvement Summary

**Type of improvement being proposed
(check applicable box(es))**

**Does the proposed improvement require
capital: (check if applicable)**

Service Change (Enhancement)

New service

Integration activity (I acknowledge that
this is not a formal request for integration,
as described in the attached Glossary)

Other (please specify)

Renovation.

Expansion

Equipment investment

IT investment

**If the proposed improvement involves a capital project, provide a brief description of
the capital project and indicate if you have submitted a capital request to the MoHLTC?**

Yes – Please provide date and if available the MoHLTC Capital Branch consultant assigned
to your request.

No

Has this pre-proposal from been submitted to other LHINs?

Yes – Please indicate which LHINs

No

Alignment with Integrated Health Service Plan (IHSP)

Please identify which of the LHIN IHSP priorities relate to this proposed improvement and
explain how they are connected (***maximum 150 words***)

By integrating the Wellness Project and the Wellness Recovery Action
Planning and expanding their reach to a larger number of individuals
experiencing serious mental illness, this proposal is clearly aligned with
Champlain IHSP priorities.

Addictions and Mental Health

The proposal:

- is a person-centered approach combining individualized recovery plans and peer support
- uses recognized best practice
- involves peers in the care of others, bridges the transition from hospital to community

Chronic Disease Prevention and Management:

The proposal:

- Assists individuals to develop Wellness Recovery Action Plans (WRAP – an evidenced based recovery tool), which help to self-monitor and address their mental illness and wellness.

Access:

The proposal:

- offers free access to WRAP groups from across Champlain LHIN
- offers free, open access to peer helper and peer support training to consumer/survivors in a comfortable setting
- offers discharged ROMHC patients peer support and WRAP plan with the intention of reducing re-hospitalization and improving community access

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Pre-proposals that do not align with the LHIN's IHSP

Please identify why this proposed improvement should be a priority to the local health of the community (*maximum 150 words*).

n/a

Section 1 C – Define the Project (*maximum 500 words*)**Overview:**

The lack of community re-integration, valued roles for consumer/survivors and recovery focused services are gaps that have been identified in the mental health system. To address these gaps, The “Wellness Project” (www.wellness-project.org) and the Wellness Recovery Action Plan (WRAP) Project were developed, using evidence-based best practices. The Wellness Project is set to expire within the next months and the WRAP Facilitation Training budget is expended. Without commitment for on-going funding, the Champlain LHIN will lose the foundations for recovery that these programs have established in our community.

The table below presents CMHN's vision to sustain, expand and integrate these projects:

	Current Recovery Pilot Projects		Integrated Proposal
	The Wellness Project (peer support training, WRAP development and ongoing support)	WRAP Project (WRAP Groups and Facilitator Training)	Wellness and Recovery Peer Support Project
LHIN population to benefit	46 consumers trained as peer <i>helpers</i> 25 graduates of ten day training course (intensive) 20 peer pairs: hospitalized consumer and peer supporters evaluation – Quality of Life and Hope measures	16 WRAP groups held across Champlain Over 120 consumers have developed WRAP plans 23 WRAP facilitators trained – 80% consumers WRAP conference – 400 people introduced to the WRAP concepts Evaluation: Copeland Centre Pre and Post Evaluations	Recruit and train 25 more peer supporters. Build 20 new peer pairs Sustain all peer pairs (40 pairs total) WRAP Train the Trainer – 8 Trainers Train 20 additional WRAP Facilitators Provide WRAP groups – 20 groups per year x 8 participants 160 people per year with WRAP plans Translate into French WRAP and Peer Support training materials Outcome evaluation: Extend to include hospitalizations rates
Funder	Change Foundation of Ontario, ROMHC (in-kind matching of funds)	cooperative but piecemeal and unsustainable contributions from several mental health services	Champlain LHIN: Ministry of Health and Long Term Care, Community Mental Health
Funding Timeline	2 year pilot ends October 2007	Facilitation training funding exhausted	Commencing November 2007, and providing ongoing funding
Lead	ROMHC, PSO	CMHA, PSO ROMHC	ROMHC, PSO
Partners	CMHA, Institute of Mental Health Research	Salus, Lanark Mental Health, ERN, PQ ACTT, Carlington ACTT,	ERN, L'Elan, ROMHC and ACTT, CMHA Ottawa, Cornwall CMHA, Salus, Lanark Mental Health, LINK, , PQ ACTT, Carlington ACTT

Benefit to the community:

The Wellness and WRAP Projects are examples of a recovery-oriented mental health system, honouring choice, self-determination and addressing the determinants of health across the life span. Evaluations of the Wellness Project are finding improved quality of life, increased hope, and wellness and reduced hospitalization rates. This project has increased consumer participation in paid and volunteer work.

Collaboration:

Peer support and WRAP promotes a channel for front line hospital staff , psychiatrists, peer supporters, CSIs , family groups and CMHA to work together to improve consumer recovery. This project allows for seamless integration by building communities of practice through existing networks supporting and enhancing relationships. Communication and cooperation between partners are already established and provide a solid foundation to build on.

Health System Sustainability:

This unique project supports a new model of care emphasizing consumer empowerment through peer support and recovery. The continued evaluation is expected to demonstrate: an embedded culture of recovery within psychiatric hospitals and community; increased wellness; reduced relapse; enhanced social networks and increased vocational roles. Similar projects (Dr. C. Forchuk et al, 2002) demonstrated significant savings of more than \$12 million through shorter hospital stays on 13 wards in four Ontario cities over a one year period.

The following is a quote from a blog on The Wellness Web Site. We feel it demonstrates the type of impact that this project has:

“The Wellness Project was an ocean liner that not only connected me intimately with another struggling survivor in whose story I felt an intense investment, but it has also put in contact with the broader community. I have come to know professionals of the Royal Ottawa Mental Health Centre, staff at Psychiatric Survivors of Ottawa and even other organizations, such as the Canadian Mental Health Association. It is extremely hard to imagine where I was in October of 2005-with no friends, isolated in my apartment, attempting suicide on a fairly regular basis, having mainly contact with the medical team and my family. Now, less than

two years later, I am mentoring my peer, I am an active volunteer, I have many, good friendships, I have a strong sense of self, I greet each new day with joy and energy, and I feel a spirit of connection with life itself. It's incredibly fantastic to be where I am".

Section 2 – Health Service Provider Partners

Identify HSPs that you collaborated with in developing this pre-proposal and identify those that have agreed to actively collaborate/partner on the proposed improvement.

Organization	Contact Information	Nature and objective of the Collaboration
PSO	Sonja	Develop and deliver peer support training House and support peer support coordinator Deliver WRAP groups
ERN	Natasha	Develop process for CSI's involvement
ROMHC	Joan	Promote culture of Recovery within hospital Develop process for project evaluation Deliver WRAP groups Coordination of funds for project
CMHA Ottawa	Joanne	Deliver WRAP groups

Section 3 – Service Details & Financial Impact

Service/Volume Details			
Proposed Service Change (Volume/Outcome)	Provide Details i.e. additional number of visits, services provided or residents (clients) served,		
<input type="checkbox"/> No Change			
<input type="checkbox"/> Increase			
<input type="checkbox"/> Decrease			
Financial Details			
	Provide Details	\$ One-time	\$ Base
<input type="checkbox"/> No new funding required			
<input type="checkbox"/> Savings Identified			
<input type="checkbox"/> One time project funding (ongoing funding not required)			
<input type="checkbox"/> Start-up funding	<input type="checkbox"/> Consultation/training <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Ongoing operating (out-year funding)	<input type="checkbox"/> Staffing <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	\$120,000	\$197,000
<input type="checkbox"/> Capital			
<input type="checkbox"/> Other funding sources			

Please provide estimated timelines for project development and implementation

Implementation: November 2007

Ongoing:

Peer Support Coordination (recruitment, matching and support)

Peer Support Training

WRAP Coordination and WRAP Group Delivery

November 2007- October 2009 (One Time)

Train the Trainers (2nd Level Training)

Wrap Training for Facilitators

Evaluation

**Wellness and Recovery Peer Support Program
Draft Proposed Budget**

One time (2 years)	Amount	On Going	
2nd Level training (WRAP Master trainers)	\$20,000	Peer Support Coordination (2x.5fte + benefits)	80,000
WRAP facilitation training (2x's)	\$15,000	Peer Support Training	10,000
Peer support trainers	\$ 7,500	Peer Pair honorariums	30,000 (40 pairs)
		WRAP Coordination (1x.4 fte + benefits) Marketing, website, accounting, coordination of group delivery)	32,000
		WRAP facilitation fees for non-staff facilitators	20,000
		Project costs (office and supplies, website admin, admin cots, transportation for participants, etc)	25,000
Evaluation (Coordinator and participant honorarium)	85,000		
Total One-Time	\$127,500	Total Ongoing	\$197,000

Total: \$334,500