

SUMMARY REPORT

Wellness Recovery Action Plan (WRAP) Training for BME women: an independent evaluation

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April 2009

Background

This is a summary report on an independent evaluation of Wellness Recovery Action Planning (WRAP) training delivered to a group of seven black and minority ethnic (BME) women, most of who were South Asian.

This evaluation was commissioned by the Scottish Recovery Network as part of its wider strategic activity in promoting and supporting recovery and to inform its roll out of WRAP to BME communities, as well as more generally.

The full report on this evaluation is available on the Scottish Recovery Network's website: www.scottishrecovery.net

A note on terminology

We have elected to use the term black and minority ethnic (BME) to describe the women involved in this research and their wider communities. In doing so we acknowledge the diversity that exists within these communities including many distinct ethnic groups and the varying levels of identification that individuals may have with 'black' and 'minority ethnic'.

The women participating in this research frequently used the term BME in relation to themselves. The women also used the term 'Asian' to describe themselves and their communities. Within this report however, instead of the term 'Asian' we use the term 'South Asian' to more accurately reflect the fact that the overwhelming majority were of a Pakistani or Indian background.

Description of WRAP

WRAP training is intended to help individuals:

- stay as well as possible;
- keep track of difficult feelings and behaviors;
- develop action plans that should/will make them feel better; and
- tell others what to do for them when they are so ill that they are unable to make decisions, take care of themselves and keep safe.

WRAP training is underpinned by a number of key notions: that recovery is possible ('hope'); that individuals should take personal responsibility for their

own lives and well being ('personal responsibility'); that is important to know yourself, to be self aware ('education'); that it is important to believe in and advocate for oneself ('self advocacy'); and that the support of others is vital ('support').

WRAP training involves facilitated exercises and discussions, and encouragement and support in developing personal action plans to help individuals in various aspects and stages of recovery. These personal action plans are called WRAPs.

Context

A group of BME women attending a recovery group and others attending a carers' group (for people with mental health problems) expressed an interest in attending WRAP training. The host agency, the Scottish Recovery Network and NHS Health Scotland recognised the opportunity to learn from this, therefore decided to conduct an evaluation focusing on **effectiveness** and **cultural sensitivity** of the training for the women involved.

It was believed that this would be the first evaluation not only of WRAP in Scotland, but also the first with BME women.

Participants

Seven BME women attended the training in full or in part, the overwhelming majority being South Asian. The group was very mixed in its composition with women expressing different motivations for attending. Three said that their primary motivation for attending the training was to help others. Two participants had recent experiences of serious mental health problems. For those who did not have recent experience of serious mental health problems they still believed the training would be personally relevant. The group included two mothers and daughter pairs.

Delivery of WRAP

The training was delivered by a highly experienced WRAP trainer. The group's usual co-ordinator was present for all sessions, and helped with facilitating the training as deemed appropriate.

The WRAP training was delivered over a two week period and split into four sessions. A subsequent follow up session was also provided.

An interpreter attended for the first two sessions, and part of the third at which point it was agreed that her services were not needed given the fact that the group's co-ordinator was able to interpret as required.

Evaluation

The evaluation was conducted by two independent researchers. Importantly, the research process was supported by inputs from the usual co-ordinator of the women's groups and a representative from NHS Health Scotland. The two individuals were South Asian and provided insights and reflections on issues of cultural relevance throughout the evaluation.

The evaluation comprised:

- one focus group with participants before the WRAP training;
- individual interviews with participants before the WRAP training;
- researchers' observations of all training sessions including the follow up session;
- reflective sessions after each training session that involved the researchers, trainer, the group's usual co-ordinator, and the NHS Health Scotland representative;
- one focus group immediately following completion of the WRAP training; and
- one-to-one follow-up interviews with participants, approximately eight weeks after the training finished.

In addition interviews were conducted with the WRAP trainer before and after the programme of training. These were largely used to inform the researchers' understanding of WRAP including the trainer's reflections on delivering the training to this group of women.

Key findings

Pre-training findings

The women talked about mental health problems being stigmatised in South Asian communities. As a consequence, they were very private and considered in relation to what they disclosed within their own communities and with each other about their mental health experiences.

Most of the women were already doing a lot to look after their mental health. This possibly reflects the fact that they attended recovery/carers' groups.

The women described a number of factors supporting their mental health and recovery, including spirituality, a range of physical activities and social contact outside the home. Group support such as their current recovery/carers group was highlighted throughout as being particularly important.

Several hoped that the training would provide information about sources of support in the community.

The training: content, process and cultural issues

The women were observed as engaging with the training. Furthermore, in the post-training focus group and follow up interviews, they talked of valuing the training they had received. They said that the most useful aspect was the opportunity to engage in discussion and hear each others' views and experiences: women talked of learning from each other.

The fact that the training was delivered by a mental health service user who used personal experiences to illustrate key learning points was described as engendering hope and optimism in recovery. Furthermore the trainer's personal accounts were identified and observed as helping women to connect with both the trainer and the learning.

Despite the trainer taking time to establish a confidentiality agreement, it was evident from both observations and follow up interviews that some women were worried about how safe it would be to disclose issues regarding their mental health. Such concerns need to be understood within the context of the highly stigmatised attitudes to mental health that the women said they experienced within their communities.

There seemed to be a point of divergence within the training between where WRAP could be useful for anyone and where it becomes specifically relevant to those with more severe and/or enduring mental health problems. This took place at the point where the focus moved to dealing with crisis.

The women maintained that they had no need for an interpreter yet some were unable to explain key concepts or dimensions of WRAP after the training. The researchers acknowledge that these difficulties may reflect communication rather than comprehension problems.

The women said they liked and valued writing their WRAPs during the training sessions. However, eight weeks after the training, only one woman had looked at her WRAP. No-one had written anything further in their WRAPs. Some talked of carrying the learning in their heads.

In their follow up interviews, most of the women talked of changes that they had made because of the WRAP training. Consideration of the pre-training interviews indicated that such changes were modest. However, this should be set within the context of many of the women already doing a lot to look after their mental health before the training.

Reported changes included being kinder to themselves and asserting their needs: such changes were attributed to discussions about self-advocacy. However, specific cultural challenges in relation to practising self advocacy were also identified. Some of these reflect the roles that women said they were expected to perform within South Asian communities.

The women were enthusiastic about the future delivery of WRAP to BME groups but had varied ideas about whether the training should be delivered to groups restricted to BME individuals or to mixed ones.

Implications for delivery of WRAP

Women's experiences can only be discussed and understood in relation to the context in which they live, including the cultural norms that are an influence in their lives. As a consequence, future WRAP training to BME communities needs to proactively attend to:

- cultural norms within BME communities, in particular around stigma, personal privacy and trust;
- issues around language and communicating meaning; and

- the cultural appropriateness of key WRAP concepts such as self advocacy and the development and use of a personal WRAP tool.

Any future training to South Asian groups should acknowledge the particular confidentiality concerns that women highlighted as endemic within their community and recognise this may limit the level of personal disclosure that takes place.

Existing central concepts within WRAP, such as self advocacy and support need to be made relevant within a cultural context. So, the meaning, cultural relevance and practical application of such concepts need to be fully explored in a way that supports their application in participants' day to day lives.

Some women identified cultural resources, particularly spirituality and prayer, as key resources. Future training to BME women might usefully identify spirituality as a possible force in individuals' lives.

As it stands, the training includes sections that focus on progression to episodes of ill health. We suggest that those likely to benefit from the current full 'WRAP package' may be those with more serious mental health problems. Therefore this particular target group (both in BME communities and more generally) should be prioritised in any future delivery. Alternatively if WRAP is to be used as a tool for a wider population, the package needs to be modified from the point at which the focus moves to ill health.

Wherever possible, it would be desirable to include a trainer /co-facilitator from the BME community who is thoroughly conversant with the WRAP concepts and can explain these fully and accurately to participants. Ideally those supporting the delivery of training to BME communities should also be trained in WRAP.

WRAP trainers should hold an introductory session with participants prior to training commencing, using this opportunity to assess and agree any needs for interpretation as well as to explain the purpose of the training.

Trainers need to explore participants' needs in relation to the ongoing development of their WRAPs. This may include building in follow up group support for the WRAP development process.