



An Evaluation of wellness planning in self-help and mutual support groups

Prepared for:

Scottish Recovery Network

Date: September 2010

Scottish Centre for Social Research
73 Lothian Road
Edinburgh
EH3 9AW
0131 228 2167

And

Rebekah Pratt
Scottish Primary Care Mental Health Research
and Development Programme
School of Clinical Sciences and Community Health
The University of Edinburgh
20 West Richmond Street
Edinburgh, EH8 9DX



Contents

1	EXECUTIVE SUMMARY.....	1
2	INTRODUCTION AND BACKGROUND.....	4
2.1	About WRAP and the need for the evaluation.....	4
3	DISCUSSION OF AIMS AND OBJECTIVES.....	6
3.1	Aim of the research.....	6
3.2	Research objectives.....	6
4	SUMMARY OF RESEARCH DESIGN.....	7
4.1	Understanding the Wider Context.....	7
4.2	Group Facilitators.....	8
4.3	Group Participants.....	9
5	RESEARCH FINDINGS.....	10
5.1	Experience of WRAP Facilitators.....	10
5.1.1	Training as a facilitator.....	10
5.1.2	Developing their own WRAP.....	11
5.1.3	Facilitating a WRAP group.....	13
	Experience of facilitation.....	13
	Group context.....	15
	Perception of impact of training on participants.....	16
	Challenges encountered during facilitation.....	17
5.1.4	Wrap training materials.....	19
5.2	Group Participant Views.....	19
5.2.1	Experience of the WRAP course in group settings.....	19
5.2.2	Process of developing your own WRAP.....	22
5.2.3	Integration of WRAP into daily life.....	24
	The concept and ideas.....	25
	The WRAP process itself.....	26
	Integrating WRAP into daily life.....	26
	Fully integrated WRAP.....	27
5.2.4	Use of WRAP beyond the course.....	29
5.3	WEMWBS and RAS.....	30
6	DISCUSSION.....	32
6.1	Limitations.....	35
7	CONCLUSIONS AND RECOMMENDATIONS.....	37
	ANNEX A - REVIEW OF WRAP EVALUATIONS.....	39

Acknowledgements

In-depth interviews were conducted by Irene Miller, Lisa Given, Andy MacGregor, Rebekah Pratt and Susan Reid. Focus groups were facilitated by Irene Miller. Topic guide design was by Andy MacGregor, Rebekah Pratt, Lisa Given and Susan Reid. Analysis was carried out by Rebekah Pratt. Report writing was conducted by Rebekah Pratt, Andy MacGregor, Susan Reid and Lisa Given. Administrative and research support was provided by Lesley Birse and Ann Rennie. Transcription was carried out by Roni Butcher, Ann Rennie, and Karen Stewart. The research team would like to thank all of those individuals who gave up their time to participate in the evaluation. We would also like to express our gratitude to members of the evaluation steering group. In particular, we would like to acknowledge the role played by Simon Bradstreet, Rona McBrierty and John Moody in allowing the evaluation to proceed so smoothly – it was a pleasure to work with them.

1 EXECUTIVE SUMMARY

Background and aims of the research

Wellness Recovery Action Planning (WRAP) is an approach that has been developed by Mary Ellen Copeland, who established the Copeland Centre based in Arizona, USA. WRAP promotes a structured approach to developing a range of strategies to facilitate self-management in recovery.

The Scottish Recovery Network (SRN) has been promoting the use of WRAP as an approach to support self-management in recovery. The WRAP approach is now being adopted more frequently in Scotland, with it now being featured in some local Integrated Care Pathways for Depression as a suggested routine activity in planning for recovery for service users. In *'Towards a Mentally Flourishing Scotland'*, the Scottish Government expressed an ongoing commitment to fund the Scottish Recovery Network (SRN) and their work to "promote recovery-based service delivery and self-directed approaches to recovery, such as Wellness Recovery Action Planning". Despite its increased usage, there had been relatively little research on the impact of the WRAP approach on services users, and little work had addressed the use of WRAP in contexts and cultures out with the American context in which it had developed. As such, there was a clear necessity to evaluate the use of the WRAP approach in Scotland.

The Scottish Centre for Social Research and Rebekah Pratt (Scottish Primary Care Mental Health Research and Development Programme, University of Edinburgh) were commissioned by SRN to assess the relevance, impact and effectiveness of Wellness Recovery Action Planning (WRAP) as a tool for self management and wellness planning by individuals with mental health problems from pre-existing and newly-formed groups, where the possibilities for continued mutual support in the development of WRAPs could be explored. In total, four organisations were taking part in the WRAP evaluation: Depression Alliance Scotland, Bipolar Fellowship Scotland, Stepping Stones and Tayside Carers. Each of these organisations had two facilitators to train two separate groups in WRAP in 2009 and 2010.

Methods

A mixed methods approach was adopted to conduct the evaluation. The following research was conducted:

- A literature review of policy documentation, existing research and evaluations looking at the effectiveness of WRAP.
- Five in-depth interviews with key stakeholders, including representatives from the Scottish Government, Scottish Recovery Network, Long Term Conditions Alliance Scotland and the Copeland Centre.
- Group facilitators: The evaluation team collected data from group facilitators (n=8) in a number of ways: a focus group convened before the facilitators trained others in WRAP; paired interviews conducted post-WRAP delivery; the use of structured scales (Recovery Assessment Scale (RAS), and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)), and the provision of an online journal or 'blog'.
- Group Participants: The experience of participants taking part in the WRAP training groups was explored in different ways; through focus groups, individual face-to-face follow up interviews (n=11), and by the use of wellbeing and recovery scales (WEMWBS and RAS) both pre- and post WRAP training.

Key findings and recommendations

The overall finding from this research was that the WRAP approach used in groups and delivered by trained facilitators, who could also share their lived experience, was very relevant, effective and appeared to have a substantial and positive impact on many of the participants. The impact also appeared to have been sustained over time (as illustrated by the 3–4 month follow-up interviews), although it may be interesting in the future for future research projects to gauge this sustainability over a longer follow-up period.

Undertaking WRAP training proved to be very beneficial for both the facilitators and the participants in this study. The greatest reported benefit was among the participants. The WRAP approach was described as providing a structured process of developing self awareness, reflection on certain behaviours or thoughts, and active planning that contributed to wellness. This structure helped guide people through the process of self reflection in a way that was manageable and achievable. In turn, it provided a structured framework for some participants to talk with others for the first time about their experiences, and the view was also expressed that this increased self understanding could be shared with others.

Most participants had not come across the concept of recovery before the WRAP training and found this offered a useful, and for some, powerful new perspective on their experience. The level of impact varied among the participants, but all of these levels of impact offered substantial benefits for participants; even if participants did not go on to complete their own written version of their WRAP. In addition, participants described feeling they could take ownership over their wellbeing and were able to challenge stigma to the point where they could talk about their experiences for the first time.

The facilitators reported that developing your own WRAP resulted in personal benefits in relation to their own mental health and wellbeing. They felt that before delivering WRAP training it was worthwhile to have developed your own WRAP as a facilitator, and have the opportunity to experience the potential personal benefits this offered. This provided the basis for the facilitators to have the capacity to be effective at delivering training, but also to be able to offer support to, and empathise with, the group participants. In addition, the process of developing their own WRAPs and then going on to deliver training synergised the learning process.

Overall, the uptake and retention for group participation appeared to be very good and many participants had plans for the ongoing use of WRAP. WRAP was an approach that was identified by participants and facilitators as being very appropriate for a wide range of different people, suiting a variety of life experiences, but it was important to note that it was not without its challenges, as it required the recollection of difficult times.

The group setting provided optimal conditions for the delivery of WRAP. The provision of mutual support appeared to enhance the recovery-orientated principles of WRAP. The role of mutual support being offered by the facilitators and the other people attending the groups had a profound effect on many of the participants. Mutuality offered a supportive, caring environment, and it was viewed as being particularly positive that facilitators were also able to share their experiences. Whilst it was the original intention in this project for WRAP to be delivered to pre-existing

mutual support groups, in the main the trained facilitators delivered it to newly-formed groups, established with the express aim of delivering WRAP training in a time limited fashion. The main reason for this appeared to be that the facilitators did not want to deliver WRAP training to those who were their peers in the same group, and preferred taking on the WRAP facilitation role with those they had not met with previously in a group setting.

The main recommendations of the evaluation are that:

- The WRAP approach used in groups and delivered by trained facilitators, who could also share their lived experience, was very relevant, effective and appeared to have a substantial and positive impact on many of the participants. It may be worthwhile in the future for future research projects to assess the sustainability of the WRAP approach over a longer follow-up period.
- The WRAP materials need to either be amended (if possible) or at least supplemented with information that is relevant to the Scottish context. This includes ensuring correct information is provided about the local health care system, and that resources provided are locally accessible and relevant.
- The written format of WRAP may be an issue for some of its potential users. We recommend that further work is done to ensure that the reading age of materials is appropriate, and that the possibility of alternative formats is explored.
- Training facilitators who are committed to the principles of recovery is important. Also, the ability of facilitators to share their own experiences was highly valued and may be an essential part of the success of the training. Further development of a network of facilitators with relevant, lived experience is worthy of consideration.
- Whilst there was very little indication of negative impact, the potential for a negative impact should be monitored for people with limited social networks, for those not comfortable in a group environment or for people who are not sufficiently resilient to confront difficult information.
- WRAP appears to be appropriate for a range of groups, particularly if it is delivered at the right time in relation to their mental well-being. However, the research did show that some people still gained great benefit even if exposed to WRAP at not exactly the right time, particularly because it offered hope and awareness in terms of recovery.
- The provision of WRAP delivered in mutual support groups, by facilitators who have lived experience, should be given serious consideration in the development of therapeutic interventions in Scotland, even if WRAP is not a professionally-applied or professionally-driven treatment itself. The results of the evaluation indicate that WRAP has the potential to offer a unique and effective approach which could play an important role in linking in with and strengthening the long-term conditions and self-management agendas in Scotland.

2 INTRODUCTION AND BACKGROUND

In *'Towards a Mentally Flourishing Scotland'*, the Scottish Government expressed an ongoing commitment to fund the Scottish Recovery Network (SRN) and their work to "promote recovery-based service delivery and self-directed approaches to recovery, such as Wellness Recovery Action Planning"¹.

The Scottish Centre for Social Research and Rebekah Pratt (Scottish Primary Care Mental Health Research and Development Programme, University of Edinburgh) were commissioned by SRN to assess the relevance, impact and effectiveness of Wellness Recovery Action Planning (WRAP) as a tool for self management and wellness planning by individuals with mental health problems from pre-existing groups, where the possibilities for continued mutual support in the development of WRAPs could be explored.

There has been a growing commitment to a recovery approach in mental health in Scotland in recent years. The impact of recovery, as a set of values and practices that value the voice of service users, has been evident in the establishment of the Scottish Recovery Network, the narrative research project 'Recovery Mental Health in Scotland'², the development of the Scottish Recovery Indicator, the development of 'Realising Recovery' and the national pilot of Peer Support Workers in a range of mental health settings.

The values of recovery-orientated approaches fit well with self-management approaches to all aspects of health. The Long Term Conditions Alliance Scotland has been supported by the Scottish Government in releasing *'The Self Management Strategy for Long Term Conditions in Scotland'* in 2008, which also supported the need for self-management strategies for all conditions, including mental health.

The Scottish Recovery Network has been promoting the use of the Wellness Recovery Action Plan (WRAP) as an approach to support self-management in recovery. The WRAP approach is now being adopted more frequently in Scotland, with it now being featured in some local Integrated Care Pathways for Depression as a suggested routine activity in planning for recovery for service users.

2.1 About WRAP and the need for the evaluation

WRAP is an approach that has been developed by Mary Ellen Copeland, who established the Copeland Centre based in Arizona, USA. WRAP promotes a structured approach to developing a range of strategies to facilitate self-management in recovery.

*'WRAP is a structured system to monitor uncomfortable and distressing symptoms that can help you reduce, modify or eliminate those symptoms by using planned responses. This includes plans for how you want others to respond when symptoms have made it impossible for you to continue to make decisions, take care of yourself or keep yourself safe'*³.

¹ *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009- 2011*, Scottish Government

² Brown, W. and Kandirikirira, N. 2007, Scottish Recovery Network.

³ www.copelandcenter.com/whatiswrap

WRAP offers the potential of exploring key values of recovery, such as hope, personal responsibility, education, self advocacy and support, but provides a structured process for developing individualised WRAPs. These individualised WRAPs serve to document triggers for difficult feelings or behaviours, and provide tools that contribute to wellbeing, ways to self monitor, action plans for managing wellness and also the provision of a space for making plans and sharing those plans with others should that be necessary in times of illness. The utilisation of such planned approaches to explore the values of recovery was advocated as a positive and supportive practice in the 'Recovery Narratives' research project undertaken by the Scottish Recovery Network⁴.

Despite its increased usage, there has been relatively little research on the impact of the WRAP approach on services users and much of the research conducted has been led by those who have developed the approach. Little work has been done on the use of WRAP in contexts and cultures outwith the US context in which it was developed. As such, there is a clear necessity to evaluate the use of the WRAP approach in Scotland at this time.

⁴ Brown, W. and Kandirikirira, N. (2007) Recovering Mental Health in Scotland, Scottish Recovery Network.

3 DISCUSSION OF AIMS AND OBJECTIVES

3.1 Aim of the research

The main aim of the research was to assess the relevance, impact and effectiveness of Wellness Recovery Action Planning (WRAP) as a tool for self management and wellness planning by individuals with mental health problems from pre-existing groups, where the possibilities for continued mutual support in the development of WRAPs could be explored.

3.2 Research objectives

The specific objectives of the research, were:

1. An assessment of the extent to which all participants who received Level One training benefited in terms of recovery and wellness and the extent to which they used their own WRAP to help them do so.
2. An examination of the role of self help and mutual support groups in supporting recovery and wellness planning.
3. A consideration of the wider implications in relation to SRN, the Scottish Government, and wider efforts to promote self management, self help and wellness planning in Scotland.

In total, four organisations were taking part in the WRAP evaluation: Depression Alliance Scotland, Bipolar Fellowship Scotland, Stepping Stones and Tayside Carers. Each of these organisations aimed to have two facilitators to train two separate groups in WRAP in 2009 and 2010.

During the first and second deliveries of WRAP, two of these organisations convened the WRAP training over two days, whereas the other two organisations spread the WRAP training over 4 days. Both groups who conducted the training over 4 days ran the individual sessions once a week over a 4 week period. One group who ran two sessions did so once a week over a 2 week period for both the first and second delivery of training, whereas the final group ran the first training delivery one week apart and the second delivery over a weekend.

4 SUMMARY OF RESEARCH DESIGN

To best understand the impact of delivering WRAP training in self-help or mutual support settings we thought it necessary to explore three different viewpoints: those of the group facilitators, group participants and stakeholders representing the wider policy and service setting. All four organisations that were conducting a WRAP pilot training programme were included in the evaluation: Depression Alliance Scotland, Bipolar Fellowship Scotland, Stepping Stones and Tayside Carers. These organisations also ran their training programmes in different parts of Scotland: Edinburgh, Greenock, Clydebank and Tayside. Three of these organisations offer support to people with a variety of different mental health issues. However, Tayside Carers is an organisation established to support the needs of carers – therefore the WRAP training was offered to the families and friends of those with mental health issues. The inclusion of a group of carers, rather than those with mental health issues, allowed the exploration of the potential for WRAP to be used with a range of different groups of people.

4.1 Understanding the Wider Context

It was important to understand the context within which the development of the use of self-management tools in mutual support and group settings occurred in Scotland. In order to do this we conducted both a literature review and interviews with key stakeholders involved in the development of WRAP in Scotland.

A literature review of policy documentation, existing research and evaluation on the effectiveness of WRAP, including an examination of grey literature, such as unpublished evaluation reports, was carried out. A summary of the literature review is appended as Annex A of this report.

We conducted five individual interviews with key stakeholders, including representatives from the Scottish Government, Scottish Recovery Network, Long Term Conditions Alliance Scotland and the Copeland Centre. Interviewees were selected after discussions with the Scottish Recovery Network. These interviews covered issues such as:

- The rationale behind the use of WRAP and its appropriateness in the self-help and mutual support group setting in Scotland
- Identification of any factors which might facilitate the use of WRAP or might make its use problematic
- Desired impact and outcomes of the WRAP approach.

The data collected through these interviews provided information on the background to how WRAP developed, the perceived benefits of WRAP and the context needed for WRAP to have optimum benefits. These data were used to assist the development of the focus group topic guides and in-depth interview schedules for both group facilitators and group participants.

4.2 Group Facilitators

We collected data from group facilitators (n=8) in a number of ways: focus groups; paired interviews; the use of structured scales, and the provision of an online journal or 'blog'.

One focus group with facilitators was carried out following the end of their phase two, level one training as WRAP facilitators (23rd September 2009), exploring their views on the training and aspirations for delivering WRAP in their own settings. This helped to establish a baseline in terms of their aspirations for facilitating WRAP focused sessions in self-help or mutual support group settings.

After the completion of their first phase of WRAP delivery, paired interviews with the facilitators were conducted in order to explore their experiences of facilitating groups, any perceived impact on participants and themselves, and their perceptions of the benefits or drawbacks for group participants. Three paired interviews and one individual interview were carried out between December 2009 and February 2010.

In addition:

- Two different outcome measures were given to facilitators, before and after they received their training to become WRAP trainers and also after they had delivered their second WRAP training sessions. One scale focused on recovery, the short version of the Recovery Assessment Scale (RAS), and the other focused on wellbeing, the Warwick-Edinburgh Mental Well-being Scale (WEMWBS).
- A confidential online journal or 'blog' facility was created by the research team for facilitators in order to offer a space for ongoing discussion and sharing their experiences of training as facilitators, and subsequently delivering training. The blog facility was not used greatly by the facilitators – only two postings were made. The research team encouraged use of the blog, but did not want to make facilitators feel compelled to use it. This relative lack of use means there are not sufficient data generated from this exercise to warrant analysis. This arguably highlights the limitations of this method for engaging WRAP facilitators in using a blog as a way to stay connected and network together, although it is possible that this group of individuals were already well networked and did not feel the necessity to utilise other modes of communication. It should also be noted that WRAP facilitators did indicate that they would welcome ways to enable them to network together, and the Scottish Recovery Network should continue to consider online forums alongside other types of activities to meet this need.

Following the second wave of delivery to WRAP groups, a second paired interview was conducted with the facilitators. These explored their experience of developing their own WRAP, putting their training into practice with group participants, benefits and drawbacks of WRAP, expected use of WRAP by participants, comparisons between the responses of the different groups receiving the first and second wave of WRAP training, any suggested changes to the training and materials and the use of WRAP in group situations.

4.3 Group Participants

The experience of those taking part in the WRAP training groups was explored in different ways; through focus groups, individual face-to-face interviews, and by collecting pre/post test outcome measures and session by session evaluation forms

The participants who took part in the first WRAP training sessions were invited to attend a focus group at the end of their training. One focus group with group participants was conducted in each of the 4 sites between December 2009 and February 2010.

Eleven follow-up face-to-face in-depth individual interviews with 11 people who took part in the baseline participant focus groups were conducted between March and May 2010. Participants from all four focus groups, representing the four different organisations, were interviewed.

In addition:

- Group participants were also asked to complete brief session by session evaluation forms, although these were mostly used by the facilitators themselves to gauge the usefulness of their individual training sessions and/or topics covered in the groups.
- Two different outcome measures, also completed by facilitators (see above), the Recovery Assessment Scale and the WEMWBS (Warwick-Edinburgh Mental Well-being Scale) were given to participants. Participants completed the short version of RAS and WEMWBS pre- and post their WRAP training to see if there had been any impact in self-rated mental health following attendance at the WRAP training sessions. Other pre-existing groups not using the WRAP approach were also asked to complete the same measures to provide a comparison.

5 RESEARCH FINDINGS

The findings from this research are presented in two sections; the views and experiences of the facilitators that were trained by the Scottish Recovery Network and the perceptions of the group participants who received level one WRAP training from these newly trained facilitators.

5.1 Experience of WRAP Facilitators

The experience of being a WRAP facilitator is presented in three sections. Firstly we address the initial training to become a WRAP facilitator, then we discuss the facilitators' experience of developing their own WRAP and finally we present findings relating to the process of convening a WRAP group. These findings are drawn from the focus group and interviews conducted immediately after the training of the facilitators, as well as after the facilitators had gone on to deliver their own training.

5.1.1 Training as a facilitator

The WRAP facilitator training provided by the Scottish Recovery Network (SRN) was very well received, with a high level of praise for the SRN appointed trainer in delivering the training and providing support to participants in their process of learning to become facilitators. The facilitators were both satisfied with their training immediately after the course had finished, and after they had gone on to deliver training themselves. Most were very content with how the course was delivered, although some suggested changes were made, such as having a greater emphasis on preparation for delivering WRAP training through the use of role-play or practice.

After they had delivered training themselves, the facilitators had some further suggestions about potential improvements to their facilitator training. These were mainly focused on how to deliver WRAP training in a way that was responsive to different circumstances, different types and levels of illness or different conditions that might apply to group members. Areas of the training that could be reviewed included more reflection on how to deliver the crisis and post crisis sections, as that became an issue in some of the groups.

Also, for some, recovery was a new concept entirely, which may highlight a need to support learning about recovery with WRAP facilitators in order to help them with understanding and using the training materials.

*I had no idea what it was because the recovery agenda was a complete myth to me. Um...and then...sort of after I grasped the concept – yes, it is what I thought it would be but it's more powerful than I thought it would be.
(Facilitator)*

Having completed the delivery of training, it became apparent that the process of undertaking training and developing their own WRAP assisted the process of going on to deliver training itself.

I think as well the nature of it, because it is a facilitation course, it means you're much more aware of the facilitation in a different way than you would be if it was just... anything else, you just take it for granted that the thing's been made easier for you, whereas – through this – you've been absolutely

hyper-aware of how it's been done. And... I've found (the trainer) had a really good model of facilitation. (Facilitator)

All of the facilitators felt sufficiently prepared by the WRAP training itself, although there was recognition that subsequent effort did have to be put into learning the materials and developing their own WRAP beyond the context of the training course, in order to be fully prepared to deliver the training to others.

I think the training was very good ...I think it would be up to the person being me, myself, to get to know the material. I don't think the best trainer in the world could give you that, you know? You have to do...you have to do your bit as well and learn about the materials you are...you are going to be working with. (Facilitator)

The facilitators found receiving their training in a group setting very helpful, both for learning about WRAP and for developing facilitation skills. The group setting was seen as being good for sharing ideas and offering mutual support too.

An' I think within the group settin', hearing other people sharing, and you did get .. you felt comfortable coz, again, the group we were in was very good in Edinburgh. (Facilitator)

The length of the initial training suited most facilitators, although one wanted the course to be shortened whereas another wanted it extended. There was an identified need for there to be ongoing contact, sharing and learning between WRAP facilitators. In the context of this project, the Scottish Recovery Network trainer was seen to be very supportive, and the additional support provided to some facilitators as they delivered training was much appreciated. Overall the training for facilitators was seen as useful, appropriate and both professionally and personally rewarding.

Personal development, professional development, ... the .. team spirit, the bonding experience. The .. Just, for me, it .. it was just everything about it. It was safe and informative, fun, tiring and frightening, rewarding. (Facilitator)

5.1.2 Developing their own WRAP

As part of their WRAP training, the trainee facilitators all developed their own WRAP. Some were initially sceptical of developing their own WRAP, and didn't expect it to be as relevant to them as it would be to those they would, in turn, train in this process. Despite any initial scepticism, there was widespread agreement that there were personal benefits in developing their own WRAP. Facilitators described a range of direct benefits for their own mental health and wellbeing after developing their own WRAP.

Pre-WRAP, I would engage in techniques like denial, avoidance, distraction; just fleeing from the pain of .. of .. of mental distress. And WRAP has taught me there that .. Again, it's back at this is 'mental distress is part of your condition', and rather than being fearful of it, confront it. Face it, and ask myself, "What is .. what process is at work here, and why?". It's things like triggers and stuff I find very helpful to .. to stop and examine what's provoking these feelings, and understanding that. Hope then to be able to .. to address the mental distress. (Facilitator)

I think I got quite down recently and I was much quicker to respond, much, much quicker to start doing things that made a big difference and I have not...I went down but I didn't crash. And then I have come up much quicker so yeah that's been surprising for me. (Facilitator)

For the facilitators, experiencing these benefits in relation to their own well-being was part of a process of coming to understand fully the benefits of a recovery-based approach in terms of their overall outlook and their daily lives.

Very useful. As I say it's given...I think the WRAP gives you ...a programme of life, a programme of recovery, but it's like a never ending process, you don't do it and then say 'well that's it done now - I don't have to do this anymore'. It's an ongoing thing, it's something you add to or take away as you progress. And I just think it's very good. (Facilitator)

Understanding the benefits of WRAP for themselves meant for some that they had an increased sense of belief and confidence in the WRAP approach. This in turn, made it easier to deliver training with confidence and enthusiasm. Having your own WRAP was seen as an essential part of being able to deliver the WRAP training meaningfully, although the full significance of needing to develop their own WRAP only became clear after they recognised the benefits of their own WRAP and had had the experience of delivering training to others.

I think it has. I think it's underpinned the importance of .. of, you know, for starters, being effective. You shouldn't be telling somebody else something that you don't believe yourself! (Facilitator)

If we hadn't prepared our own WRAP, then it wouldn't have prepared us enough as facilitators to know and believe in what we were really talking about. And we .. For me, I couldn't understand why I had to do it – my own. (Facilitator)

For some there was a growing sense of WRAP being a process that develops over time, and that it was sometimes challenging to follow the WRAP that they had developed. Thinking of ways to continue to support others in staying motivated to work on their own WRAP and integrate changes in their lives, was therefore seen as important. Delivering training also meant that facilitators were revising their own WRAPs frequently, which may have increased the benefits they gained personally from WRAP.

I suppose with every training... your own WRAP .. you're looking at it again. I mean you do that anyway just as a matter of course. And it's .. obviously, it's a flexible thing and it changes all the time. Delivering it, you're thinking about it in a different .. slightly different way. (Facilitator)

As a result of having a WRAP and experiencing benefits from completing a WRAP, facilitators were able to offer mutuality to group participants. The extent of this perceived benefit appeared to become more apparent with greater experience for the facilitators. Mutual support could be offered through sharing parts of their WRAP, but also by sharing how the process of developing a WRAP could be quite challenging.

I thought it would have been easy, but there were parts I found difficult, and I think I thought it would have been easy because of the type o' job I'm in because, working with other people, we're all very good at listening and seein'

that person and maybe thinking “what might work for them?”, and too often I think you go through life like bringing up a family... different things that you don't think too much about yourself. So I think goin' back to like thinking about myself, giving myself times .. er .. “What would I do? What do I do?” .. There were bits that I kind of struggled with coz I had to sit and think about .. I had to take the time out basically to sit and think about them, and see the .. what I'm really like and what works, and .. So I would say there were bits when I was actually doing it, it was like taxing. (Facilitator)

Having real examples to share from their own WRAP as they facilitated training was very useful. It was seen as even more useful to share two different WRAPs from two facilitators, as that could model how each WRAP might vary depending on the individual's circumstances and needs.

Well I think you needed to have developed a WRAP to effectively facilitate other people's ones and I think we drew quite a lot from our WRAPs especially when we were doing stuff about...that really strong thing about this is personal to you and its what you like, we did some contrasting stuff with our own personal kind of...light level stuff from the WRAP saying well I like this, and (other facilitator) likes that, so we don't have the same thing...(Facilitator)

5.1.3 Facilitating a WRAP group

Below we describe four key areas that emerged from the analysis in relation to the facilitators' experiences of running WRAP groups. These included the experience of facilitating the groups, the group context, the perception of the impact of the training on group participants and the challenges encountered delivering the WRAP training.

Experience of facilitation

The newly trained facilitators described feeling nervous or anxious about going on to deliver training. This was described as a natural response to the prospect of running training themselves, and not due to a lack of learning or preparation. This feeling of nervousness appeared to be reduced over time, and a few respondents reported feeling less anxious after having delivered their first session of training. Some facilitators did reflect that the structured nature of the WRAP course itself, along with the set materials, did provide a good supportive framework for them as newly trained facilitators, which made the daunting task of delivering a new course that bit easier.

The process of delivering training was fairly challenging, with some facilitators experiencing a mix of feeling drained, tired and dealing with much emotion, along with a sense of great reward.

We were both I think more tired than we thought we would be because we've .. we do groups, but this was something totally different .. er .. and we did agree it was very .. it was tiring. ... And there was tears. There was laughing. There was a whole lot of emotion in that room, an' that's .. that's quite taxing as well, but at the end of it I think we got great satisfaction from doing it. (Facilitator)

Most facilitators described positive experiences of running their first groups. Some had experience in facilitating groups before, and reflected that WRAP groups seemed different as the structure added a focus to the groups, which was seen as being useful.

The .. the WRAP facilitation's much sort o' better, coz you've got a certain script to follow, a job to do. You don't get into the depth of self-disclosures and stuff that you would do facilitating your own group. There's less time for politics to develop. There's no expectation upon you doing WRAP that you're going to somehow be .. I don't know .. a sort of .. a buddy or a long term presence in the people's lives. I think the WRAP is short, sharp. (Facilitator)

The group setting was perceived as being very appropriate for delivering WRAP. Some felt that a group setting had the potential to be more supportive for participants, allowed for more fun and humour, and effectively offered a mix of individual and group reflection for participants. There was a sense that the facilitators felt that disclosures about mental illness, or risk (such as suicidal thoughts), were less likely to emerge in a group setting. However this was seen as being appropriate, as most felt they were not able to support people who may be in extreme distress, without further training and supervision.

I think you'd have fears about what in the one-to-one situation may be disclosed, and what responsibility do you have in respect of disclosures – for example, suicide. I think it would be too difficult, and certainly as a (non-professional) I wouldn't .. would not consider it. Far, far too difficult and strenuous. The ... facilitators – myself and others – we don't have .. at least we don't have any access to supervision and support. (Facilitator)

For some facilitators, the prospect of self disclosure was daunting, although all thought they had negotiated that successfully. It was new for some facilitators to offer their own experiences to others, and one person highlighted how such sharing was even actively discouraged in her usual role.

I felt that WRAP required a degree of self disclosure that would be actively discouraged in the other work that I do. So that was the only kind of conflict for me with that. (Facilitator)

Some saw the potential benefit of drawing on mutuality in the training, but highlighted that to achieve that, there needed to be better peer relationships with groups undertaking WRAP training. This may have been an issue that affected the trainers who worked with groups they did not have pre-existing contact with. The experience of running a group also showed how essential it was to have developed and used their own WRAP. The experience of facilitating in a way that promoted mutuality was rewarding for facilitators.

I was actually surprised at how much I shared with people that I work with .. with members, and it was just that feeling was in the room. I think that you felt comfortable, and I think we did .. There was a lot of humour – appropriate humour – and the feedback was... it made them feel comfortable to be able to ... to talk about stuff and see. (Facilitator)

However offering mutuality as a facilitator could be limited when it came to the crisis section of WRAP. A few facilitators stated that they didn't have experience they could draw on effectively. This mirrors the concerns that the crisis section was challenging to facilitate in general, and highlights the need to review further how to best support facilitators to address this part of the WRAP process.

The .. the end part. That's the part I struggled with in the training because I hadn't ever seen myself to .. getting to that stage. But I mean there were people within the group who had been tae that stage and had been .. had more intense psychiatric support at some point in their lives, so it .. it meant something to them more than it did for someone else sittin' that's like they didn't know what a psychiatric nurse was. They didn't know what this was. .. whereas half the group were like, "Yeah. I have this and I have that support", so there was parts of the group had a lot more support than .. than other people maybe had. So there was people goin', "Oh, what's that? Why do I need to do that?" (Facilitator)

Group context

Despite the original intention of delivering WRAP into established support groups, the facilitators delivered it to groups that were established specifically to undertake WRAP training, or delivered it as guest facilitators to established groups they had not been members of previously. The reasons for this appeared to vary, but the main explanation was that the facilitators were not comfortable taking on a training and delivery role with those who had previously been peers in the same group. Also, it is possible that facilitators were concerned that delivering WRAP to a pre-existing group would disrupt the dynamics of the group by introducing a structured process to a more informal support setting. One group had also recently received self-management training, so it seemed inappropriate to deliver a different type of self-management approach so soon to the same group.

The context of the groups varied, with some groups being formed for WRAP training specifically, although a few facilitators had pre-existing relationships, having offered them one to one support previously. The experience of facilitating was different depending on the relationship with the group. Not knowing the participants at all beforehand was not seen as a total disadvantage, but in those circumstances it was felt that a pre-meeting between the facilitator and the group might have advantages.

The carers' group had one WRAP course delivered over a respite weekend, and that was seen as positive for that group in particular. Others tended to deliver it over a small number of sessions, spaced over several weeks. Although the respite weekend worked very well for the carers' group, for other groups it appeared preferential to deliver the training over a longer period of time. The context for delivery is probably best determined by the group's needs, however there was an emerging sense that it would be worthwhile for facilitators to consider delivering training over a greater number of sessions. Some had felt that at times the course was rushed, or there was not enough time for discussion.

Preparation for running the groups was considered vital. This was because it allowed the facilitators to be clear in their own minds about the content of the groups, as well as allowing them to deal with more organisational issues such as the logistics of venues, refreshments and the time allocated for sessions. It should be noted that the initial training of facilitators had encouraged an approach of creating an environment where people felt cared for and welcomed. Recreating this caring environment was important for the facilitators, and the findings suggest that it would be prudent for facilitators to allow time to pre-visit unfamiliar locations and try to keep the same rooms for sessions, to avoid confusion for participants. Consideration given to the provision of food, drink and colourful additions such as stress toys, modelling clay or colour pens, were all perceived to be positive additions to the environment.

We chose our venue quite well. It was a great room that we had. We had refreshments. We actually tried to do it .. We enjoyed our training so much with X, so we tried to create that same environment for our people; like nice sweets on the table, stress balls on the table, bottled water, and things that we wouldn't do in any of our other groups. (Facilitator)

The group context itself was felt to be a very valuable approach for delivering the WRAP training. Facilitators reported high levels of peer support between group members, which was seen as offering support and learning for participants.

The advantages are the .. the peer support, the learning of it. Like if you were doing it on a one-to-one, then you only have .. have that person and yourself's perception, but in a group you've got an overall awareness which .. what one person's way isn't the next person's way, but just having that overall feedback allows people to I think absorb and learn more I think. (Facilitator)

The facilitators did generally agree that WRAP could also be delivered on a one to one basis successfully too. Whilst such an approach would lose the benefits of mutual support, it was recognised that some people would find group settings difficult to participate in.

Again, for some people .. I'm trying to think of people that I meet with. For some people who are just no way .. If I felt there's no way that they can go into a group. It would destroy them. .. But if .. if they were to say on a one-to-one basis that this is something they would really benefit from, it's easy enough to do. (Facilitator)

All of the groups indicated some interest in continuing to meet and the facilitators offered support for this. During the course of the research period all four of the different organisations had held a follow-up group with at least one of their WRAP training groups. There had been a mixed response to attendance at these follow-up sessions, from being very poorly attended, despite the level of interest expressed to groups where everyone who had attended the WRAP training took part. These groups covered feedback on the WRAP training, as well as participants updating each other on how they had used their WRAPs and whether they had developed them further since the training.

Perception of impact of training on participants

The facilitators perceived that the group participants had received the WRAP training positively. The group attendance appeared to be high, and where some people did not attend it was for known reasons, such as illness. The facilitators received positive feedback from participants and had a sense that the participants enjoyed the course. The only negative comments reported by the facilitators related to issues such as the room or organisation of the course itself.

The course materials were perceived as being mostly very useful and appreciated by group participants. Facilitators reported that the sections on triggers (issues or events that may lead to deterioration in mental well-being), the wellness toolbox and the daily maintenance plan were particularly helpful for participants. The facilitators felt that participants liked the way in which they were given their own folder to take away and continue to develop.

We gave .. we made up the folders the way we were given them as well, and that's theirs to take away with them. So .. which I thought was .. was good as well, because to come to something for 4 weeks that's quite intense, to have something to .. that's yours at the end to go away and develop seemed to please a lot of .. a lot of them. (Facilitator)

There was, however, also some indication that the materials could be viewed as being too upbeat, or unreasonably positive, which could indicate some tension with how recovery is perceived.

I may have debt collectors pursuing me, and all .. all various things. I mean it's just a bit American Pie. That's a bit twee. It doesn't really .. It acknowledges approximately that people suffer mental health distresses, but it doesn't talk about well, and neither should it .. There's a .. a twee. It's a bit twee. Bit simplistic. A bit presuming that recovery is inevitable. Hopes, intrinsic value you possess. You may feel hopeless. (Facilitator)

The facilitators did not always know how successful the training was in terms of how many participants went on to develop their own WRAP. It was estimated that in each group only a couple of people had developed a fully written WRAP, although many others were thought to be drawing on the content in informal ways, or had mostly benefited by gaining an increased awareness of their wellbeing.

There's a couple o' my folks say "I'm using it. It's in my head. I'm more aware, but I would still like to have it written down." (Facilitator)

The facilitators described how the WRAP training was a process, and one that will take group participants time to find out what benefits it offers for them. This does reflect a parallel learning for the facilitators too, however, as for many the concepts of recovery and WRAP were quite new. Facilitators themselves took some time to realise the full benefits of WRAP for themselves personally, and also in terms of their facilitation.

I think they will just experiment with it. I think they will start trying things rather than have it all figured out in the space of three months because you would be surprised, if they have instituted the full working WRAP and everything is Rosie-Posie its...its taken months and months to kind of work this into your consciousness so I am hoping they will just have figured out what they like, what they don't like, had a go, tried some stuff and are feeling a bit more hopeful is what I am hoping for. (Facilitator)

The facilitators felt that WRAP training was suitable for a very wide range of people, with broad experiences or different illnesses, but some indicated it was important for participants to be at the right time in their recovery journey, as it was a challenging process. In this sense, if the timing were right, it was perceived that WRAP could be used under a very broad range of circumstances for a very wide range of participants.

Challenges encountered during facilitation

Facilitating a WRAP group presented a number of challenges. For some facilitators it was difficult to run a group whilst starting to gain more experience and insight from their own WRAP.

I think your own experience of using WRAP and making the links between the .. the tools and the various plans. I'm still not sure I do that effectively, you know? I think .. I think experience of using WRAP can be a barrier. I think you need to .. I think you need to have used the tool yourself for a while before you do that most effectively, coz I think for me the power in WRAP is using the toolbox in relation to the .. the different action plans, and that's how it can become most effective, and I'm not sure I did that as effectively as I could. (Facilitator)

Other challenges that emerged from running the WRAP groups included concerns that participants need to have a certain level of literacy to use WRAP in a written format. It was also a challenge to identify and engage people who were at the right time of their own recovery, in order to get the greatest benefit from undertaking the WRAP training. Unique to the carers' group was the need to encourage the participants to focus on themselves, as opposed to focusing on the person they are a carer for.

I think um...I think probably the biggest...the biggest thing is to get people to...say this is for you. This is for you. This is something...and as carers they will tell you themselves they are not good at that. They are not good at being focused on themselves you know? (Facilitator)

There were some areas of the course content that raised challenges for facilitators; in particular, the issue of crisis planning was seen as being difficult to address, and thus had the potential to be viewed negatively by group participants. The issue of what constitutes a crisis also arose, as some group members, along with some facilitators, did not feel they had experienced an event they would describe as a crisis. This presents some challenges to learning about and developing the crisis aspect of WRAP, for both facilitators and group members.

Again, going back to the end of it, I think unless... you've been in crisis, it's gonna be very difficult to imagine what it would be like. (Facilitator)

For some, it was very clear that there were benefits from the crisis section. Facilitators reported that some participants, who could identify more easily with the idea of 'crisis' did find it very useful. However it may be important to approach the crisis section with more sensitivity towards the mixed experiences in the group. Facilitators perceived that some participants may not wish to disclose certain experiences, such as an acute admission, particularly when others in the group had not had this experience.

And I should have had more .. more .. more time to allow more sensitivity. I suspect, not necessarily with the (WRAP) group, but I suspect that some groups of people would be wary of disclosing about hospital admissions or being sectioned or whatever, or .. or the consequences flowing from that. It needs more sensitivity than the .. than the earlier points. (Facilitator)

It was also highlighted by facilitators that some participants found the section on family and friend support very hard. This was particularly the case if the person was very isolated, or did not have supportive family relationships.

5.1.4 Wrap training materials

The facilitators highlighted a desire for minor adaptations to be made to the WRAP materials, particularly around making it more relevant for Scotland and to have some control over how the materials look. In general, there were criticisms voiced that the WRAP materials were overly US-centric in their orientation. Many facilitators highlighted how they would like the materials to be updated and changed to reflect the Scottish context. For example, it was said to be challenging to deliver materials that referred to health insurance, peer counselling, and included a US-based resource list. There was a desire to include local and Scottish resources in the WRAP information. Other aspects that required adaptation related to the use of language that might seem overly American. The materials were also seen as needing modernising, with more user-friendly, accessible presentations, the use of more visual prompts and less 'busy' presentation slides.

They could add .. they could add a reading list for example, and, as we said earlier, mental health resources that .. that .. in Scotland. Helplines or whatever. I think there could be .. In the Scottish context, there could be more consideration of that particular culture. I don't think necessarily the material is culture-appropriate. (Facilitator)

5.2 Group Participant Views

The findings from the people who participated on WRAP courses, facilitated by the Scottish Recovery Network trained facilitators, are presented below. The data presented here are from focus groups conducted immediately after the WRAP training was delivered, and also from individual follow-up interviews conducted 3-4 months later. The main areas focused on are the experience of the course itself, the process of developing your own WRAP, the integration of WRAP into daily life and the plans to use WRAP in the future.

5.2.1 Experience of the WRAP course in group settings

WRAP tended to be delivered to groups that had come together specifically for the training, although most participants had been part of other support groups within the host organisations. The participants described the facilitators in very positive terms. The facilitators were described as friendly, effective, inspirational, comfortable and supportive in delivering the WRAP training.

It's all down to the way it was put over by the (facilitators). I mean .. what do I say? They .. they've .. They were so superb. What a team. And they .. they were so upfront and .. I don't know. It was so comfortable. I .. I don't know. Just the way the (facilitators) put it over. (Follow up interview)

Overall, the principles of WRAP were said to be clear, well conveyed and very well received. The issues raised by facilitators about the US-centric materials were also raised by a small number of participants. It presented as a minor issue, but does highlight that there may be a need to alter the materials to reflect the Scottish context. WRAP was seen as a structured approach to reflecting on your mental health and planning for wellness and recovery. There was some indication that delivering the training over a greater number of shorter sessions was the preferred option for WRAP training.

I think I would o' liked it to have been a bit longer than it was. I .. I would have preferred it to go on for a few weeks more. I think the idea of .. if .. when it does stop that it shouldn't stop completely. There should be the opportunity for going back once every so often until people are ready to say, "Well, you know, thanks but no thanks",...? (Follow up interview)

The group format of the WRAP training was viewed very positively. Participants saw the potential for WRAP to form the basis of ongoing self-help groups, and each of the three participant groups had arranged to meet again either in the context of an ongoing group revisiting WRAP, or as a specific post WRAP training follow up. The mutuality aspect made working on WRAP a supportive, collective process. Some respondents reflected that they felt undertaking WRAP in a group, compared with undertaking WRAP one to one, was more supportive, less intense, offered mutuality and greater potential to learn together.

Whereas on a one-to-one, for a start you'd be embarrassed to ask any questions. You'd just go, "Oh, right you are. Thanks very much", you know?: .. and you would .. you wouldn't want to sort o' say, "Well, look. I don't really understand that". But it was so easy, so everything that anyone has said here, the girls, the charts where all our thoughts went up. (Focus group)

Undergoing WRAP training on a one to one basis with a professional was seen as a one way process, in which the extent of support given was described by one participant as being given the 'nod of sympathy'. The group setting offered a significant feeling for participants that they were not alone in their experience. There were important benefits to this, including increased confidence, challenging stigma and increased self esteem.

...it builds up my confidence and self esteem and I know that I am actually...not the only one with that condition out there, and there are people worse off than me because...with Bipolar I think...its how you handle it and if you are a strong person I think you can handle it well. But some people...um...can't work and their needs are different from mine's. (Focus group)

For some, the group was one of the only places they were able to talk about their experiences or condition. This created a space for feeling supported, understood and for sharing knowledge.

Well I feel .. I mean I don't talk to strangers about ma condition. It's like I live a secret life, like nobody knows I've got this condition, but when I come here I can talk to people that .. that understand what I've went through and stuff, you know?, and they might come up wi' suggestions about maybe medicine they've been o' .. You know? You just pick up different ideas. (Focus group)

The experience of mutuality and sharing also led to participants taking time to appreciate the difficulties other people may experience, which helped to add a sense of perspective to their own problems. The group experience provided a place for brainstorming ideas, and by doing that participants reported gaining a sense of perspective through taking time to think about how things have been for other people, and therefore finding a way to contextualise their own experiences.

WRAP gave me the confidence to talk about how I was. WRAP also gave me the confidence, to be quite honest with you – and to be over and above

honest – to understand other people's problems, because I didn't see that. Even although I knew I was getting step by step better on the one-to-one, I knew that I was building myself up. (Follow up interview)

Occasionally the group setting could be challenging, particularly if dealing with other group members who might be quite unwell, or people who dominated the group. Overall however, participants described the group setting positively and perceived that they could come up with many more ideas for developing their individual WRAP collectively, than they could on their own.

We took our own notes, but also as well every day we would .. what we were discussing .. We got given notes as well, which was a good help because even though .. it gives everybody's ideas over then, rather than just instead of what you think, and then it means you can compare them and recap your own, you know, what you feel, and somebody else's idea is sometimes as good as well. It can help you. (Follow up interview)

Reflecting the views of the facilitators, the participants could see a place for a mixture of individual and group WRAP work. In the main participants saw some potential value in having one-to-one time as well as group working, where they could really focus on their own WRAP with the trainer, or if there were issues that they would rather discuss outside of the group setting.

I think the ideal situation would be to mix, to have a group session followed by a one to one session with a trainer mixed in with...your own time by yourself, so those three things would be the absolutely ideal way of doing it. Because I think quite often when it comes to actually just writing your action plan you have sort of feelings about what you need to do but you can sometimes be quite stuck on actually verbalising it. And there isn't always time in a group situation to do that, you do do a bit of that in the group situation but as I say it's a time issue. (Follow up interview)

The mutuality offered by the group setting fundamentally changed the nature of the therapeutic interactions for group participants. Participants valued having the opportunity to both offer and receive support. For example, other professional approaches were contrasted unfavourably with the availability of direct support, insight and feedback that was to be had from peers in the WRAP groups. Many of the participants had experienced a range of interventions, and some reflected directly on the difference of sitting in a group setting, sharing the learning together. The collective setting was much more interactive for participants, and that was seen to increase the likelihood of engaging with the approach.

I think the difference is going to the group. CBT – all .. er .. to be very honest, all you get by that is, "Oh here's the leaflets" and "go home and try it out. Read your book and try it out". And you can read the book and .. and it tells you, "Sit down and do this and this and this", and then you turn the page and you go on to the next bit, instead of actually sitting down and doing it. .. As .. in there – in your training – you're doing it in the class together. You know? You're all sitting there for a few hours. OK. It's quite an intense couple o' hours together, but you're all doing it and it .. If you're seeing somebody else doing it, well it makes you .. or talk about it .. it makes you talk about it and come out with it, which I found was a total difference. (Follow up interview)

Some participants expressed that they would not have engaged with WRAP at all if

they had just been given the materials and asked to do it on their own. Even in the context of the group setting, it was challenging for some to take it away and work with it beyond the group, and the general consensus was that it was easier to make progress on their WRAP in the group setting. Some participants did go away and work on their WRAP on their own, but they appeared to be fewer in number than those working on it in the group setting.

A theme that emerged throughout was that the group setting also provided a place where people could joke and laugh together, which was highly valued by participants, and offered a unique advantage to working on a WRAP in a group setting.

I don't think its actually nice doing it on a one to one basis because its...its formal, whereas like if you are doing it in a group its informal and everybody's...you know like you can...laugh about it and have a joke with all the people. [Laughter] (Follow up interview)

5.2.2 Process of developing your own WRAP

Many of the participants described undertaking the WRAP training as a process to learn about yourself and reflect on the various aspects of your mental health. WRAP was described as providing a structure that could help take a person through a process of gaining greater self knowledge and awareness.

It's brought it home to us exactly what it's all about. Before, I would never have sat down and sort of looked at it on headings if you like. I'd just have said, you know, that was .. and this is .. and that's, and whatever. Now, you .. you .. you can cope much better because you've learned what all those headings mean, and all the separate kinda different things you do in your .. your WRAP book. I .. I would never have known I had triggers. I would just have accepted that I'd lost the plot, and that was it! I really would have. And it's made me look at family, friends, and my situation a lot better, and it's all because we've gone down those headings as we put it, you know, and we've analysed it and we've all spoke about it, and things have come out that I would never have ... never have acknowledged before. That's how I feel about it. (Focus group)

One of the key benefits for many participants was learning about the idea of recovery. For many participants this was a new and different way of looking at their lives. There was a sense that this way of looking at mental wellbeing had the potential to be transformative. Participants spoke of how the recovery approach encouraged them to take personal responsibility for their wellbeing. This raised the idea that WRAP was something that required effort and a commitment to your own welfare. The WRAP structure provided a framework for some people to approach the task of committing to their own health and wellbeing.

Me personally, like I think with all the help in the world you need tae want to get better... I think w' WRAP, it's like you .. you do have to have plans, and you need to have structure, and WRAP... Well, it's like structured, but .. and it's like .. To get out your depression, you have to have structure as well... I think because WRAP's so self-help orientated, and I think with depression and stuff you need to want to get better, and you need to want to help yourself... (Focus group)

Participants described the WRAP process as being very worthwhile, but also a

challenging process. For most participants it could be hard to revisit difficult memories, and it was important to feel sufficiently well in order to be able to do that. It was also seen as particularly challenging for carers who found it difficult to focus on their own needs as opposed to focusing on the person they provided care for. The benefit of going through that process of reflecting on your experience and wellbeing was viewed as having the potential to increase self awareness and acceptance.

It gave me so much in myself; realisation, understanding, compassion, when to go "No" – which is a very hard thing for me to do, but I do it now. I haven't done it for a long time. Then WRAP came, and I went, and I listened, and I .. and I thought, "D'you know? That's right. (Follow up interview)

The type of learning that participants gained included gaining insight into triggers, and the benefits of identifying wellness-promoting activities as part of the wellness toolbox. Along with self awareness, participants reflected on the benefits of tools they could draw on from WRAP. This gave many people a feeling of something they could proactively use to help maintain their wellbeing, including ways of helping with the self monitoring and management of their wellbeing.

I think I just identified with the tool box because that was something that I have always kind of battled against is time, time just runs out. But...so I clicked at that and thought 'Wow', a box just for me and then I can decide what I am doing and it could be endless stuff that I have got in it! (Follow up interview)

One negative factor was that some participants stated that they did not have people in their lives they could identify as being part of their support network. This made these individuals become aware of their limited social networks, and this could be stressful and upsetting, perhaps even more so because of the group setting. The crisis planning aspect could also be quite difficult for participants to complete, both because respondents thought that they had either not experienced a genuine 'crisis' or because of the sensitivities of thinking back to a time of crisis. For those who hadn't experienced such a 'crisis', it had the potential to raise some alarm and concern about the fact that a crisis might occur. Where people had experienced a crisis that resulted in admission to a health care facility, this part of WRAP was seen as being vital at communicating the individual's wishes to friends, family and health care staff.

I wonder if an acceptance of the fact that sometimes your life'll be in crisis, and that knowing that there's another side storm. You come out the storm. (Focus group)

Developing a WRAP was described as a process or journey. Most were still working on their WRAP, and perceived it as a live document that would never be completely finished. Some had partially completed their WRAP, mostly in the context of the group setting. A small number of participants reported having completed their WRAP while others indicated it was still in progress, and that the WRAP would likely adapt in the future as a result of their developing lives and changing needs, and thus never be complete. A few participants were not particularly comfortable with the written format, and preferred to just engage with it through thinking about the ideas behind WRAP. Responses were elicited which showed that participants had extended the process to family members by sharing the development of their WRAP with family members, or even encouraging family members to do their own WRAP too.

Developing their own WRAP was a comfortable process for most, although some participants felt uncomfortable that there was no definitive end point to the process. This led to the potential drawback of feeling like a failure for those who perceived the need to develop a full and perfect WRAP.

The process of developing a WRAP, in a group setting, offered some people profound benefits, offering new insights and explanatory perspectives. The structured approach of WRAP offered a way to break down the task into manageable steps of engaging with self reflection, awareness and planning for wellness.

And I feel that um...in the WRAP training it's almost along those lines of quite fundamental in...um...it's almost a seismic shift in thinking. Um...where there was no thinking, only confusion and mystery before there was great mystery why is this happening to me? (Follow up interview)

A few respondents said that they had gained the confidence to share their experiences of mental illness with others for the first time, some even describing that they no longer had to live a 'secret life' of managing mental illness. The structured approach of WRAP offered a way to communicate with others that was manageable and constructive. In sharing parts, or all, of their WRAP with other people in their lives they thought that others had an increased understanding of their mental health, and their wellness needs.

The fact that I can speak more openly about the fact that I was ill, whereas before no one knew. (Follow up interview)

5.2.3 Integration of WRAP into daily life

The vast majority of the participants, both in the focus groups and the follow up interviews, had drawn on WRAP in their daily lives. In the follow up interviews, the majority had used their WRAPs and intended to continue to do so. The ways in which participants integrated WRAP into their lives varied at times, and the many different ways people utilised their WRAP and the related activities and resultant benefits can be broadly characterised in the following way:

Level of Integration	Activities
The concept and ideas	WRAP training as an introduction to the concept of recovery. Thinking about recovery in relation to own experience of mental illness and mental wellbeing. Increased awareness of self and challenging stigma.
The WRAP process itself	Process of self-reflection and benefits of mutual support environment. Mostly using the WRAP itself in the group meetings only. Increased insight into own mental wellbeing, including identification of triggers and wellness strategies.
Integrating WRAP into daily life	Continuing to refer to WRAP and using it in daily activities. Drawing on the learning of WRAP to self monitor

	behaviour and thinking. Using WRAP to guide changes in behaviour to promote wellbeing.
Fully integrated WRAP	Using WRAP regularly. WRAP becoming integrated to a point it feels it becomes an intuitive way of looking at your life. Telling others about WRAP as a concept. Sharing own WRAP with others: a 'working WRAP'.

The concept and ideas

Even though a few respondents did not go on to develop a formal WRAP, the ideas presented to them in WRAP training appeared to be influential in thinking about their mental health more constructively.

But I think that's it. I think something like this has actually helped us all realise that, 'D'you know what? You can hold your head up high now'. (Focus group)

For some that meant challenging the diagnostic label they had been given.

M: I don't honestly label myself. First and foremost obviously, a human being, a lot of individuals, some doctors like to put a...just some, most of them are brilliant, put labels on you, now you have got this.

I: AND JUST OUT OF INTEREST THEN DID YOU LABEL YOURSELF BEFORE DOING WRAP OR NOT?

M: I think I accepted the label without questioning it in the past previously, but now I question it more I would say because of the WRAP my awareness has obviously increased. (Follow up interview)

The process of attending the group and talking about WRAP had increased awareness of mental health issues for many, and thus contributed to challenging stigma. For some it also provided an element of security, a comforting feeling that there was a way to look at mental health, and tools to draw on that would support recovery.

The idea of going further into developing and using a WRAP was not taken up by all participants. Some felt that they were not in the right place in their life, or feeling well enough to explore the WRAP process further. Even though a few participants stated that it was not the right time to work on their own WRAP, the view was expressed that it was still positive to learn about WRAP as a future tool to revisit. The idea of having a tool that could offer, at the very least, a sense of having more control, seemed to offer a hopeful message.

I'm not feeling that great mentally just now. I have been feeling much better. So I don't think .. er .. the WRAP .. me doing the WRAP at this moment in time would be probably the best thing for me. .. er .. I probably could do it, but I want to feel a little bit better before I tackle it, but it'll be something that I will come back to .. er .. when I'm feeling a little bit better. (Follow up interview)

I always vow never to go back up there (acute inpatient ward), but I end up being back there, and I think I actually have to try and take the control more into my own hands, and I think obviously WRAP is one way that I can take

back that control, and .. so it is definitely something that I will get round to doing, because I'm determined that the only way I can feel better is .. with mental illness .. is definitely you really need to take the control because there is no .. there's no answers. (Follow up interview)

The WRAP process itself

Not all participants went on to develop their own WRAP. However, many reflected that the process of systematically working through a process of self awareness around aspects such as triggers, the wellness toolbox and daily maintenance plan was very helpful. This process alone appeared to offer useful insights into one's own experience of living with a mental illness.

It's digging deep within yourself, and you describing on a piece of paper who you actually are, and breaking down what, you know, the important things to you on a daily basis and, you know, obviously the important side that affects individuals within your family by not knowing the extremities that you're looking at, you know? – whether it's through your illness. Breaking it down into individual steps is .. you know, and sharing that with your family .. It's giving them an understanding as well. (Focus group)

A few respondents said that WRAP had been very useful in terms of offering empowerment and encouraging autonomy and self management. In that sense the motivation to engage with WRAP was seen as something that had to come from within, in order to get the most from it.

I think that the only person can do it is yourself. I think it's got to be in .. from the inside out. I don't see how it can be done from the outside in. D'you understand what I mean? (Focus group)

Some comments were received that suggested that undertaking a WRAP, and actively using the components contained within it, required a certain level of commitment and motivation, which some felt they didn't always have. Some people had made negative attributions about their lack of effort or progress.

I'll try, but I'm really lazy when .. I'm talking about self-help and empowerment one minute, and then I'm contradicting myself and saying that .. Oh, it's scary using a WRAP when sometimes you feel not that great, and .. er .. coz it's .. it's putting the ownership on you, in that you have to do this and do that, and .. to keep yourself well. And so I think .. I dunno. It seems really stressful. But then I .. I still want to use it and stuff. See, I just contradicted myself, and like [laughs]. (Focus group)

Integrating WRAP into daily life

Overall, WRAP was identified as a challenging process of self-learning. Most participants reported drawing on their WRAP and experiencing benefits as a consequence. These benefits ranged from handling challenging situations better to experiencing substantial improvements in daily life. For example, one participant said that she had put her Christmas tree up for the first time in three years, and attributed this action to having undertaken the WRAP training. The feeling of connection to, and support from, others in the group had led some to feel more comfortable with being open about their mental health. The benefits from WRAP were identifiable both during and beyond the group itself.

Um...as I say one just in terms of identifying steps to take when I am beginning to go down a bit, having a greater understanding of the sense of symptoms, to consciously recognise things which are going on with me. Um...and also the other benefits related to actually doing the course. I mean it was...it was definitely very helpful to me at that time just to do the course, just to be with that group of people, in that environment with...people sharing things and with tutors who were supportive and...um...life affirming if you want to put it that way. So...regardless of the WRAP I mean...the course was definitely beneficial in itself. But I would say it goes beyond that to the actual benefits from the WRAP yeah. (Follow up interview)

The consensus was that lasting benefits from undertaking WRAP included being able to challenge your own behaviours, identifying alternative responses and evaluating what constitutes a priority. Participants reported a reduction in anxiety, a reduction in panic attacks, and an increased identification of their own triggers.

I found it really useful for...like...like if I am...very stressed or whatever, I find it very good. Because when I refer to it it sort of cheers me up because I think to myself oh well I don't want to end up in hospital again. I want to keep myself well and I refer to it as like I have got to focus on everyday and get up in the morning, and listen to music, do things that make me feel good. So I look at it in a positive light. (Follow up interview)

The perceived benefits of WRAP led to feelings of increased confidence and self esteem for many. The sense of achievement was evident from being able to try a different approach to dealing with a stressful situation, and finding it to be effective.

And when you do cope with a situation now, you're so proud o' yourself because you have actually .. you've got another step on the rung, and that's it. You're going up. Isn't it? It really is. It's giving you power to keep going; to look forward, instead of just accepting. So you look forward now. (Focus group)

Participants also felt that they now had strategies for dealing with difficult situations. Seeing these strategies written out offered confidence and guidance, as the participant could check back on their own ideas and get clear feedback or reinforcement from their WRAP. These strategies were ones that were tailor made, by the participants, for the participants. This led to a sense of ownership of the WRAP plan.

Um...it's for me, I think its mine, its nobody else's and I wrote it, I think...that's how I see me. And I think that's probably how a lot of other people see me so it's not something that somebody else has wrote and I need to follow it. It's just...mine I think. Yeah. (Follow up interview)

Fully integrated WRAP

There was a mixed response about how widely people shared their WRAP with others. A few participants reported that they had nobody they would want to share their WRAP with, and indeed added that they would not want to disclose the fact they had issues related to their mental health to anyone else. Others talked about WRAP facilitating a process somewhat akin to 'coming out', in which they felt able to acknowledge their journey to others who may not have previously known they had

experienced mental health problems. It was also reported that participants had shared their WRAP with family members, and this had been a very constructive experience. For example, it was reported by one respondent that the information he had been able to communicate with his family had benefited his relationship with them greatly, as they began to understand his experience more fully.

But for me, it's given me .. it's given me a better understanding of my own mental health and my mental health state. But no' only that, it's given me confidence in myself, you know, .. you know, that I've gained throughout the group and the Support Workers. The .. there is light at the end o' the tunnel. But it's also given that same confidence to my family because they've had the benefit from the WRAP as well. It's not just me that's, you know, that's getting the benefit from it. My family's getting that as well because they can see the difference. It's like, you know, my eldest daughter said, "My dad's back", and that's how she explains it. (Focus group)

A few participants had also shared their WRAP with care professionals, which had contributed positively to the sense of being involved in the planning of care, including their preferences for care should there be a crisis.

Yes. I would say...yeah...uh huh. I have and it's given me...speaking to my CPN or my psychiatrist/doctor what you know, it's given me the confidence that I would like a plan put in place. (Follow up interview)

Becoming active in the planning of care, particularly around the crisis plan, meant that a few participants had some tough conversations with the people that cared for them. In particular, a few participants used WRAP to communicate who they did, and did not, want to be involved in their care should there be a crisis. This was very difficult, but WRAP appeared to provide a positive structure for these conversations. The outcome of this process was often an increased sense of control, or even of taking back control of their wellbeing.

I was saying like, "If I'm no well, I want my son to be the best", so my husband was really angry: "Why not me?". And so having to explain all that and saying like, "Sometimes I've .. Like instead o' being alone in the house, I've .. I've got to get away and be on my own", so my son was saying, "No. That can't happen. You can't do that" because they'll be worrying about me and they don't want me to do that, and I says, "But this is my choice". You know? Like the things that are my choice, they've just got to accept. So it was really really hard. (Follow up interview)

Ultimately, a few participants felt that their WRAP had so significantly influenced their wellbeing that it had started to become a natural way of thinking. Some described it as a habit, as something that was growing strong within them or a natural approach to dealing with their mental health.

Oh, I think it's got myself into a habit more than .. in a good habit of thinking about it, rather than just like letting it happen. So you don't even really need to read it every day or anything. I think it's because we've all discussed it so well and .. OK – You do forget about it at times. There's no point in denying it, but I think it's like it just comes natural to you now. It start .. you start thinking about it yourself, rather than having to just go and read it all the time, you know? I suppose it's like learning to ride a bike or something. You start to just know how to do it, you know? (Follow up interview)

5.2.4 Use of WRAP beyond the course

In terms of future support, there was a general indication that the opportunity to continue to meet, either as a one-off or on an ongoing basis, might be helpful. Many seemed to want to have further opportunities to continue the WRAP development in the group environment, as the WRAP process would be enhanced in this setting.

I find this a lot better because .. because you're talking about it in a group, and you're not just focussing on yourself. You're hearing other people and .. and then ... so it puts it all in proportion a wee bit that it's not just you. I think that makes a big difference. (Focus group)

Although follow up sessions had happened for some of the participants of the WRAP training, plans to develop more regular meetings between those who had attended, to provide on-going support and develop their WRAPs further, had not successfully happened at the time of this research. However, the expressed interest in having further opportunities to meet was high, although arguably it might be more successful if ongoing opportunities for contact were organised right from the very outset of the group meetings. This was seen as being socially appealing, but also useful for providing some structured support around continuing to develop your own WRAP.

I mean in terms of actually going through the...the designated structure, using it properly the WRAP I think a lot of people...the reality is the people who are doing it are people with mental health issues of various sorts. But...one of the quite common characteristics is probably a problem with discipline, and concentration, and getting your act together. So to go away after the course and actually do that by yourself you have to be quite motivated and quite disciplined to do that I think um...and I certainly wasn't. I think some sort of structure where you are meeting people...either fellow participants, or the leaders in some sort of ongoing process would definitely be helpful, maybe once a month for three months or something. (Follow up interview)

Most of the participants interviewed at follow up were using and planned to continue to use their WRAP. It was reported that this would mean taking time to revisit the WRAP, and revise it to reflect changing life circumstances over time. Fewer people talked about plans to use the crisis section of their WRAP, but for those that did find the crisis section useful it provided a sense of being prepared that was reassuring.

The participants reflected the findings from the facilitators, in that they perceived that WRAP was suitable for all people with a range of life circumstances. It was also acknowledged, though, that the individual had to be in the right frame of mind to face a challenging process of self reflection, which had the potential to involve facing difficult memories. According to the participants, being in a resilient place to complete WRAP meant that when you reflected back on your WRAP you could be reminded of who you were when you were feeling well. This provided an important sense of hope, and identity beyond mental illness.

I suppose you know if you do get in a bit of a...a kind of low state of mind that nothing is really picking you up at all, then even just to look back on it and say you know this is what I am really like, I am really quite bubbly, quite chatty, but quite...can be quite shy and just kind of read over what you are normally like because sometimes between taking tablets and doing other things just...unless the tablets aren't really working you don't actually remember what you were like before, ... So I think it can if you can...get it at the right

time, and fill it out how...how you are normally and how you are when you are bad then it's a good indication as to just a kind of...bit of a pick-you-up if you can read it and say you know I am all of those things and its just that just now I am not. So you can...you know that there is light at the end of the tunnel. Yeah. (Follow up interview)

5.3 WEMWBS and RAS

The group participants were asked to fill in two different scale questionnaires both before and after their WRAP training. The two scales were the short versions of the Recovery Assessment Scale (RAS) and Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The group facilitators filled in the two scales on three separate occasions, before their training, immediately after their training and after they had run two WRAP training groups.

Table 1 shows the scores from the facilitator group and demonstrates that the mean Recovery Assessment Scale (RAS) and Warwick-Edinburgh Mental Well-being Scale (WEMWBS) scores increased both during their own training and again after they had trained others in WRAP. Table 2 shows the scores from the two groups of participants for each of the four participating organisations. This shows that RAS scores increased in all groups, and WEMWBS scores in all but one group, after the respondents had completed their WRAP training. This suggests that both the facilitators and participants had more positive views in relation to their own sense of recovery and well-being having been trained (and in the facilitators' case having trained others) in WRAP. However, it is important to note that the numbers who completed the forms were relatively small and the pre- and post- WRAP training questionnaires were not completed by the same number of people. Any differences between pre- and post- WRAP training scores might, therefore, be due to the fact that people with higher scores completed the post-WRAP training questionnaires.⁵ However, these results do support the very positive views expressed by facilitators and group participants in the main qualitative phase of the study.

⁵ Only one comparison group, a self-help group who regularly met but did not take part in the WRAP training, returned RAS and WEMWBS questionnaires. These showed a slight decrease in the RAS score (63.5 on the first questionnaire and 62 on the second) and an increase on the WEMWBS score (36 increasing to 40.5). However, as only 2 questionnaires were returned it is difficult to draw any conclusions.

Table 1 – Group facilitators: responses to scales pre- and post WRAP training

Facilitators	Recovery Assessment Scale ¹	WEMWBS ²
Pre-WRAP	85.4 (n=8; 72-97)*	49.4 (n=8; 76-100)
Post-WRAP	86.3 (n=4; 33-59)	50.0 (n=4; 43-61)
Follow-up (after both WRAP training sessions)	87.2 (n=5; 78-91)	54 (n=5; 48-58)

Table 2 – Group 1 & 2 participants: responses to scales pre- and post WRAP training

Participants	Recovery Assessment Scale		WEMWBS	
	Pre-WRAP	Post-WRAP	Pre-WRAP	Post-WRAP
Stepping Stones Group 1	64.6 (n=9; 51-74)*	76.4 (n=7; 61-96)	39.6 (n=9; 21-51)	46.1 (n=7; 30-62)
Stepping Stones Group 2	67.5 (n=8; 39-82)	70.0 (n=6; 38-92)	39.0 (n=6; 27-46)	40.7 (n=6; 22-55)
Depression Alliance Scotland Group 1	62.3 (n=3; 56-72)	74.0 (n=4; 62-87)	38.0 (n=4; 21-48)	40.8 (n=4; 31-51)
Depression Alliance Scotland Group 2	59.8 (n=4; 56-62)	Not available ³	35.75 (n=4; 31-42)	Not available ⁴
Bipolar Fellowship Scotland Group 1	83.1 (n=8; 74-99)	87.3 (n=7; 79-100)	48.8 (n=8; 35-63)	54.0 (n=7; 46-61)
Bipolar Fellowship Scotland Group 2	67.9 (n=7; 51-92)	75.4 (n=5; 60-94)	42.5 (n=6; 27-53)	48.0 (n=5; 30-67)
Tayside Carers Group 1	83.5 (n=2; 75-92)	92.5 (n=2; 89-96)	60.0 (n=2; 58-62)	51.7 (n=3; 43-57)
Tayside Carers Group 2	73.3 (n=7; 46-89)	82.1 (n=7; 69-99)	44.3 (n=8; 16-53)	49.3 (n=8; 25-62)

Note to tables: * Mean score presented for all participants combined; range of responses included in brackets

¹ Recovery Assessment Scale: ranges between 20-100; 20 = very low mood/pessimistic about future and 100 = very optimistic/positive

² WEMWBS: ranges between 14-70; 14=very negative views and 70 = very positive views

³ Only one RAS questionnaire was returned following the second Depression Alliance Scotland WRAP training group. These data are not included in the table as it cannot represent the scores of the whole group.

⁴ Only one WEMWEBS questionnaire was returned following the second Depression Alliance Scotland WRAP training group. These data are not included in the table as it cannot represent the scores of the whole group.

6 DISCUSSION

The aim of the research was to assess the relevance, impact and effectiveness of Wellness Recovery Action Planning (WRAP) as a tool for self management and wellness planning by individuals with mental health problems from pre-existing groups, where the possibilities for continued mutual support in the development of WRAPs could be explored. Whilst it was the intention in this project for WRAP to be delivered to pre-existing mutual support groups, it was overwhelmingly the case that the trained facilitators delivered it to new groups (either as groups formed just for WRAP, or in one instance, the facilitators delivered WRAP to an existing support group they did not previously know or have ongoing contact with), established with the express aim of delivering WRAP training in a time limited fashion. The main reason for this appeared to be that the facilitators did not want to deliver WRAP training to those who were their peers in the same group, and preferred taking on the WRAP facilitation role with groups they had not been previously involved with.

The overall finding from this research was that the WRAP approach used in groups and delivered by trained facilitators who could also share their lived experience, was very relevant, effective and appeared to have a substantial and positive impact on many of the participants. That impact also appeared to have been sustained over time (as illustrated by the 3–4 month follow-up interviews), although it would be interesting and worthwhile to gauge this sustainability over a longer follow-up period in the future.

In this section we outline the original research aims, examine how the evaluation has helped address these aims, followed by a discussion of the limitations of this study and recommendations that arise from the research.

Aim one: An assessment of the extent to which all participants who receive Level One training benefit in terms of recovery and wellness and the extent to which they use their own WRAP to help them do so.

Undertaking WRAP training proved to be very beneficial for both the facilitators and the participants in this study. The greatest reported benefit was manifest among the participants. The WRAP approach was described as providing a structured process of developing self awareness, reflection on certain behaviours or thoughts, and active planning that contributed to wellness. This structure helped guide people through the process of self reflection in a way that was manageable and achievable. In turn, it provided a structured framework for some participants to talk with others for the first time about their experiences, and the view was also expressed that this increased self understanding could be shared with others.

The level of impact varied among the participants, and included increased awareness gained from the concept and ideas, the self awareness gained from undertaking the WRAP process itself, integrating WRAP tools and self management into daily life, and fully integrating it into their thinking about wellbeing along with sharing it with others as a tool for communication and planning. All of these levels of impact offered substantial benefits for participants; even if participants did not go on to complete their own written version of their WRAP. Most participants had not come across the concept of recovery before this experience and found this offered a useful, and for some, powerful new perspective on their experience.

The facilitators that were trained, and went on to deliver WRAP training, all benefited from developing their own WRAP. They all found that there were personal benefits in relation to their own mental health and wellbeing, even though some had initially been sceptical about developing their own WRAP. It was, however, apparent after going on to deliver WRAP training that it was absolutely essential to have developed your own WRAP as a facilitator, and have the opportunities to experience the potential personal benefits this offered. This provided the basis for the facilitators to have the capacity to be effective at delivering training, but also to be able to offer support to, and empathise with, the group participants. In addition, the process of developing their own WRAPs and then going on to deliver training synergised the learning process. The inclusion of a follow up session post delivery of training may be helpful in that it would have the potential to build on the entire learning process for the facilitators.

WRAP emerged as a process driven approach, and as such it was rarely seen as a goal to complete your WRAP by participants or facilitators. This means that the level of utilisation cannot really be assessed through the use of the physical output of the WRAP as for some individuals it becomes habitual and intuitive, and is likely to develop over time.

The WRAP materials and content were very well received. As the materials were perceived as being too US-centric, though, it was thought that they needed some modification or supplementation to allow for appropriate references to be made to the local context, such as the way the health system is organised and to provide information about local resources.

The crisis section of WRAP did provide a challenge for some respondents. For participants it might be difficult to identify or talk about a time of crisis. For facilitators it might be challenging to both identify a crisis, and to know how to facilitate the crisis part of the group most effectively. Whilst further learning needs to be done around how to approach and deliver the crisis section, it was still clearly very valuable for those participants who could relate to and address that section.

Participants identified a great deal of benefit from taking part in the WRAP groups. These included identifying new strategies for self management, identification of triggers, self monitoring and active steps to encourage wellness. WRAP was also identified as useful for facilitating communication with family members and professionals, but should be considered a living document that may change, and only to be shared if people are comfortable with that. It should be noted that not all participants were able to share their WRAP with others.

Overall, the uptake and retention for group participation appeared to be very good and many participants had plans for the ongoing use of WRAP. WRAP was an approach that was identified by participants and facilitators as being very appropriate for a wide range of different people, suiting a variety of life experiences, but it was important to be at the right part of your own journey as it was a challenging process that required the recollection of difficult times.

The researchers were struck by the extent of the powerful impact of WRAP on the participants in this project. Participants described feeling they could take ownership over their wellbeing and were able to challenge stigma to the point where they could talk about their experiences for the first time. It was also particularly profound to hear one participant describe WRAP as a way to have a reminder of what you are like

when you are well, and using that to offer hope and strategies for overcoming challenges when encountering an episode of illness.

Aim two: An examination of the role of self help and mutual support groups in supporting recovery and wellness planning.

The group setting provided optimal conditions for the delivery of WRAP. The provision of mutual support appeared to enhance the recovery-orientated principles of WRAP. What did become apparent was that WRAP was not seen as being able to fit easily into pre-existing groups. It is possible that in some cases the fact that the facilitators would previously have been members of the same pre-existing groups, but would then be expected to train their peers, had some impact on this outcome. The WRAP training was used as a focus to create groups, and most participants did express that they wanted ongoing contact beyond the delivery of the training. It might be beneficial to explore in the facilitator training how to offer structured WRAP sessions to ongoing groups.

Both facilitators and participants gained tremendous benefits from the group setting. The role of mutual support being offered by the facilitators and the other people attending the groups had a profound effect on many of the participants. Mutuality offered a supportive, caring environment, and it was viewed as being particularly positive that facilitators were also able to share their experiences. It is worth noting, however, that there were some anecdotal reports that the delivery of WRAP to a second group that was not involved in the evaluation had been more challenging when compared with the delivery to the first group. However, there was very little evidence of this elicited in the follow-up interviews with the facilitators. Nevertheless, it may suggest that not every group is likely to respond to WRAP as favourably as the four groups that participated in this evaluation.

All participants were asked to reflect on the potential of WRAP to be delivered on a one to one or group basis. All agreed that there could be some prospect of individual delivery, particularly if it were to supplement a WRAP group. However, overall, most participants were very enthusiastic about their experience of undertaking WRAP in a group setting. In contrast, participants noted how one to one work, particularly if professionals delivered WRAP to someone without mutuality, might lead to WRAP being far less engaging and less likely to have such a significant impact.

Aim three: A consideration of the wider implications in relation to SRN, Government, and wider, efforts to promote self management, self help and wellness planning in Scotland.

The delivery of WRAP in a mutual support group setting was very successful. It is worth noting that the positive accounts given by participants are contextualised by descriptions of WRAP being a challenging process, requiring motivation and commitment to gain full benefits. WRAP groups offer a very useful alternative to complement individual therapies, and may be particularly important for people who have tried individual therapy without success. However, it is important to emphasise that WRAP is a self-management tool which is underpinned by mutuality and empathy, not a professionally-applied treatment or therapy, and therefore functions in a very different way to such professionally-driven approaches.

WRAP groups could make a significant contribution to the range of therapeutic options that are available for improving mental health and wellbeing in Scotland. The group process appears to offer significant and unique benefits. Further research may be needed to explore the comparative effectiveness of WRAP delivered in different mutual support settings.

WRAP groups could potentially make a useful contribution to the burgeoning long-term conditions and self-management agendas in Scotland, based on this early indication of its effectiveness, and the efficiency of utilising group contexts. However, a key aspect of the effectiveness of WRAP was the role of groups and of mutual support, both between participants and with facilitators. Supporting the development of WRAP will entail providing support for the training and development of more facilitators with lived experience of mental health problems, who can then offer mutuality to group participants.

There are considerations to make about the need to adapt or supplement some aspects of WRAP, in particular its materials, and the potential to do this needs further consideration. It would appear that WRAP does require some modification if it is to be used more widely in Scotland.

The apparent effectiveness of WRAP delivered in the context of mutual support groups should be given serious consideration by the Scottish Government as a unique and worthwhile contribution to mental health improvement. A comprehensive assessment of the approach that compares its effectiveness with other modalities may be worthwhile. Such research should include a consideration of any characteristics of people that appear to benefit the most from such an approach. This may allow for much improved effectiveness in matching people with therapeutic approaches that are most appropriate for their needs.

6.1 Limitations

There are some limitations that should be considered in relation to this research. It may be the case that the individuals taking part in the study may have been a fairly self-selecting group, both in terms of participating in the interviews and in the intervention itself. The WRAP programme and evaluation only focused on four organisations, and it is possible that other organisations and groups would not have had such a favourable response to WRAP. As such the sample size of the study is relatively small, with the result that the limited quantitative results should be viewed with some caution, even if they supported the positive perceptions elicited during the qualitative research phase. Similarly, there were no control groups involved in the evaluation, and the attempts to use the RAS and WEMWBS scales with a number of groups not exposed to WRAP did not yield an adequate response to make a valid comparison with the WRAP group responses. In addition, the limited timescale for the project meant that longer-term follow-up of those exposed to WRAP was not possible, although it might be possible for future research projects to assess the sustainability of the approach by conducting longitudinal work with group participants in the future.

The blog analysis yielded little worthwhile data in the evaluation. However, it would also appear likely that the WRAP facilitators were already quite well networked in this project, and did not need another mode of communication. As such, this approach might be utilised in the future if there are a larger number of potential participants and the network is more diffuse.

Whilst this evaluation focused on recovery-oriented measures, it might be worth considering comparing the WRAP approach against other treatment options, which might require the use of other standardised measures that relate more specifically to other therapeutic interventions. However, as has been noted the WRAP approach is quite different to other professionally-applied treatments, and any such comparison would have to be cognisant of that fact.

7 CONCLUSIONS AND RECOMMENDATIONS

- The WRAP approach used in groups and delivered by trained facilitators who could also share their lived experience, was very relevant, effective and appeared to have a substantial and positive impact on many of the participants.
- The WRAP materials need to either be amended (if possible) or at least supplemented with information that is relevant to the Scottish context. This includes ensuring correct information is provided about the local health care system, and that resources provided are locally accessible and relevant.
- The written format of WRAP may be an issue for some of its potential users. We recommend that further work is done to ensure that the reading age of materials is appropriate, and that the possibility of alternative formats is explored.
- Training facilitators who are committed to the principles of recovery is important. Also, the ability of facilitators to share their own experiences was highly valued and may be an essential part of the success of the training. Further development of a network of facilitators with relevant, lived experience is worthy of consideration.
- It remains to be seen how WRAP compares in effectiveness to other approaches, but it would seem worthwhile to explore this. WRAP appeared to offer significant benefits, and more should be done to ensure it is available, but also that the extent of its impact (and for whom) is better understood.
- Whilst there was very little indication of negative impact, the potential for a negative impact should be monitored for people with limited social networks, for those not comfortable in a group environment or for people who are not sufficiently resilient to confront difficult information.
- The process of training to become a facilitator should consider the delivery of the first WRAP course as part of the training process, in order to incorporate greater learning from the entire process of training, which would then inform future training delivery. If this were to become routine, though, it could create capacity issues for SRN. Therefore, it may be best that this is offered to facilitators who are perceived as benefiting most from this approach.
- WRAP appears to be appropriate for a range of groups, particularly if it is delivered at the right time in relation to their mental well-being. However, the research did show that some people still gained great benefit even if exposed to WRAP at not exactly the right time, particularly because it offered hope and awareness in terms of recovery.
- WRAP is a self-management tool which is underpinned by mutuality and empathy, not a professionally-applied treatment or therapy, and therefore functions in a very different way to such professionally-driven approaches. As such it could link in with the developing long-term conditions and self-

management agendas in Scotland, based on this early indication of its effectiveness, and the efficiency of group contexts.

- The provision of WRAP delivered in mutual support groups, by facilitators who have lived experience, should be given serious consideration in the development of therapeutic interventions in Scotland, even if WRAP is not a professionally-applied treatment itself. The results of the evaluation indicate that WRAP has the potential to offer a unique and effective approach which could play an important role in linking in with and strengthening the long-term conditions and self-management agendas in Scotland.

ANNEX A - REVIEW OF WRAP EVALUATIONS

Definition of WRAP

Cook et al (2009) describe WRAP as a self-management program that can be used for people with a wide-range of long-term illnesses. In the past self-management has mostly focused on physical illnesses. In WRAP facilitators are told not to use medical language or talk about diagnoses of psychiatric conditions. “WRAP emphasizes holistic health, wellness, strengths, and social support” (2009: p 246). It is both about managing symptoms and moving beyond this to developing a meaningful life.

Doughty et al (2008) argue that WRAP helps people discover the factors that contribute to ‘unwellness’ and helps them to create an action plan to deal with these factors. They describe WRAP as a tool for people with mental health problems or those working with people with mental health problems.

Allott and Loganathan (2002) mention that WRAP is as a fast growing individual approach to recovery, listing the five foundations for recovery, the wellness tools and writing a plan. Northamptonshire BME Community Well Being Engagement Project (2007) describes WRAP as a range of wellness approaches. It is also seen as part of a development of recovery-orientated services.

Other authors, such as Zhang et al (2007), Gordon and Cassidy (2009) and the Northamptonshire BME Community Well Being Engagement Project (2007) take their definition of WRAP directly from writings by Mary Ellen Copeland. These definitions highlight that WRAP is a self designed plan to stay well, empowering individuals to take control of their wellbeing through the use of five key notions (hope, personal responsibility, education, self-advocacy and support) and by developing action plans to make them feel better.

WRAP Evaluations⁶

Cook et al (2009) ‘Initial Outcomes of a Mental Illness Self-Management Program Based on Wellness Recovery Action Planning’

Aims and Methodology

Cook et al (2009) measured the effectiveness of WRAP in a research project with 108 people who studied WRAP in 2006 across 5 different sites in Ohio. A one-hour telephone interview was conducted before they received WRAP training and a second one month after the training, 80 people took part in both interviews. WRAP sessions were co-facilitated and delivered over eight weeks in 2.5 hr sessions. The article doesn’t specify the number or size of the groups, only that the participants were from 5 different sites in Ohio. Model fidelity was measured and found to be 95%. 66% attended six or more sessions, the requirement for receiving a certificate of graduation.

⁶ Not all of the articles reviewed were evaluations of WRAP. Articles that mentioned WRAP were reviewed and are also included here.

Findings

Paired-sample t tests of comparison with scores pre and post-WRAP were undertaken.

There was a statistically significant decrease in scores relating to global symptom severity but also in some sub-scales e.g. depression, phobic anxiety (p.247). Significant increases were seen in scores for overall recovery and all of the 5 recovery sub-scales showed improvement (personal confidence, willingness to ask for help, goal orientation, reliance on others, freedom from symptom domination). Significant increases were found in participants' feelings of hopefulness and physical health and there was improvement on the self-advocacy scale. There were significant decreases in participants' self-reported empowerment and no changes in social support. The lower empowerment scores may be due to WRAP promoting a more realistic view of the control people have over their lives and communities.

Overall those who attended 6 sessions or more showed the most signs of improvement, although they did also show the lower empowerment scores. The low attendees, attending less than 6 sessions, only showed improvement in hopefulness and physical health. There was no difference between these two groups in relation to the usage of traditional services. However, the high attendees were more likely to be women, married or cohabiting and also had less severe symptoms at the start of the project.

Doughty et al (2008) 'The Wellness Recovery Action Plan (WRAP): workshop evaluation'

Aims and Methodology

Doughty et al's (2008) evaluation study of WRAP training aimed to identify changes in participants' attitudes towards recovery, any differences between service users and professionals and how the delivery of the training might be improved.

- Four workshops were evaluated using researcher administered pre and post-training questionnaires. All training was delivered over one or two full days by those who had themselves experienced mental health problems.

195 people attended the workshops in four different locations in New Zealand, 187 participated in the study and 157 (84%) were included in the final analysis.

Findings

The researchers found a significant change in total attitudes and knowledge about recovery. The statement which showed the most change was an increase in people's understanding of WRAP but there were increases in most of the other statements which ranged from 'I take personal responsibility for my own wellness' to 'I know how to change negative thoughts into positive ones'. 92% of participants felt that after the training they had the knowledge and skills to develop a WRAP.

There were no differences found between service users and professionals. It was noted that the limitations of the research were that the participants all volunteered to take part and that there was no comparison group.

The majority of participants found the workshops useful and 72% made positive comments about them. It was felt that the workshop should be a minimum of 2 days and some felt that smaller group work sessions would have been beneficial.

Zhang et al., (2007) 'The effectiveness of the Mental Health Recovery (including Wellness Recovery Action Planning) Programme with Chinese consumers'

Aims and Methodology

Zhang et al., (2007) carried out research which was concerned with the effectiveness of the WRAP programme with Chinese consumers, who had all received WRAP training in a group setting over the previous three years. The study aimed to answer two questions:

- How has this Western-style mental health recovery programme helped Chinese consumers' recovery?
- Do any changes need to be made in order for this programme to be more suitable for Chinese consumers?

Eight members of a Chinese self-help organisation and three professional mental health workers were interviewed. In addition to these interviews, two focus groups – one with five consumers and another with six family members – were also conducted.

Findings

Most of the consumers reported that learning the WRAP programme had been useful for them and that all parts of WRAP were useful, particularly detecting triggers, identifying early warning signs and the daily maintenance plan. Feedback included the use of crisis plans, adhering to their medication and gaining encouragement from other group members. Overall, feedback about the usefulness of the WRAP programme was strongly positive and it was highly utilised to develop strategies in maintaining wellbeing.

Several family members believed that WRAP had taught consumers how to release their emotion so they could better control them when their moods were unstable. However, in the family group WRAP was also described as a 'superficial' exercise.

The research identified ten key areas where WRAP was thought to have had an influence of the individuals' lives. Symptoms became more stable or reduced; several consumers reported having more positive thinking and the improvement of relationships. In relation to self-advocacy, consumers felt more confident talking to doctors about their needs and they were also more able to seek and get support from family, professionals and others in the WRAP group. Most of the consumers mentioned that they had been able to develop coping strategies as a result of the WRAP programme and that their quality of life had improved. From a professionals' perspective they observed that consumers who have been involved in the WRAP programme were more co-operative and opened minded but none of the consumers had actually shared their plan with the professionals. This was also true in relation to family members but several of the family members felt their relatives were now more independent and that communication between them had improved.

Recommendations were made by consumers, family members and professional to help improve the WRAP programme in order to suit Chinese culture. Some of these were specific to Chinese culture (e.g. language and introducing more Chinese-style wellness tools), while others were more general (e.g. longer sessions, involving family members etc).

In conclusion, the authors reported that the study showed that the WRAP programme had significant influence on the participants' recovery journey including improved understanding of their own mental illness and planning their own recovery pathway. The researchers concluded that being able to identify trigger factors, early warning signs and making a proactive action plan as part of the WRAP programme can, therefore, provide a powerful tool for people who have suffered from mental illness to recover and prevent relapse. The daily maintenance plan was seen as a practical way to exercise one's personal responsibility for recovery and consumers preferred to learn the WRAP programme in a group setting. The authors recommended that further research on the relationship between WRAP and peer support for one's mental health and recovery from a cultural perspective would be beneficial.

Northamptonshire BME Community Well Being Engagement Project (2007) 'Wellness Recovery Action Planning (WRAP) Training'

Aims and Methodology

Northamptonshire BME Community Well Being Engagement Project (2007) carried out an evaluation of a project which involved providing WRAP training for 30 Somali women in Northampton in 2007. The research was undertaken by a student social worker who conducted qualitative interviews with three participants and one male community worker. The researcher attempted to ascertain the reasons why each of the participants undertook the training, their thoughts on the course and how they hoped it would help them in the future.

Findings

The main reasons given for taking part were for individuals to develop their own knowledge and experience and a desire to help others in their community. Respondents indicated that the course helped them explore their own understanding of mental health; their concept of culture and identity and discover the meaning and importance of community. The community worker thought the training had tackled issues around stereotypes and stigmas. Participants felt that by developing their understanding they can begin to support the mental health needs of their community in a more appropriate way.

Gordon, J. and Cassidy, J. (2009) 'Wellness Recovery Action Plan (WRAP) Training for BME women: an evaluation of process, cultural appropriateness and effectiveness'

Aims and Methodology

Gordon and Cassidy (2009) carried out an evaluation of WRAP training delivered to a group of BME women in Glasgow which was commissioned by the Scottish Recovery Network. The project included individual interviews with participants and the WRAP trainer before and after the training; a focus group with participants before and after

the training; observation of the training sessions and follow-up and reflective sessions conducted after each training session. Six women were interviewed before and after the WRAP training. One-to-one interviews were conducted with all seven participants approximately eight weeks after the end of training. Two participants had recent experiences of serious mental health problems, with three indicating that their motivation for taking part was to help others.

Findings

In the pre-training individual interviews nearly all the women indicated that they understood at least some of the key elements of recovery. At this stage the participants had already purposefully built a number of activities into their lives to look after their mental health. Most of the women identified significant stigma and taboo around mental health within their community and indicated that their personal privacy was a very important feature of their lives.

The observations of the training sessions showed that clarification of many of the WRAP terms was needed throughout, although it was not clear to what extent this was a cultural/language issue. Group energy was thought to be higher when the women were sharing examples from their lived experience. The crisis planning element was not directly relevant to some women in the group. The reflective sessions were useful for informing the training process on a session by session basis although none of the women had developed their own WRAP at the time of the follow up session.

After the training the women indicated that they valued the training, particularly the opportunity to talk with other participants and were able to demonstrate some understanding of some of the key concepts of WRAP. The importance of personal privacy within BME communities was discussed, however there was no agreement on whether a BME-only or culturally mixed group for future training would be most beneficial.

Eight weeks after the training most participants noted some changes that they had made in their behaviour since attending WRAP, specifically that they were either pushing themselves less or that they were being more assertive. The women said that they liked and valued writing their WRAPs and that some had made some use of their WRAPs since the end of the training. The fact that the training was conducted in English was not viewed problematic by participants.

All of the participants felt that the training should be offered more widely within BME communities. Stigmatised attitudes to mental health, personal privacy and the high level of connectedness of the South Asian community and women's roles were identified as key cultural issues by participants.

One of the key findings was that the women consistently reported valuing the experience, in particular, the opportunity to hear what other women in the group had experienced, as well as an opportunity to contribute their ideas and experience in order to help others in the group. The concept of self advocacy was another aspect of the training which resonated with the women and many provided examples of the difficulties they faced in applying this principle in their community. This led the researchers to conclude that any future WRAP training delivered within the BME community must allow space to reflect on how this concept can be put into practice. Although WRAP places an emphasis on individuals developing a personal written

tool, none of the participants had gone on to develop their personal WRAPs following the end of the training.

In conclusion, the authors outlined three considerations which must be addressed in any future delivery of WRAP training within the BME community:

- 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.

L, L McIntyre (2005), WRAP around New Zealand (Victoria University of Wellington)

The article begins by acknowledging the increased presence of recovery since Deegan defined it in 1988. It provides a useful summary of how recovery sits in the policy context in New Zealand and references some of the key related policy document. The author completed this research as part of their BA (Hon) Psych.

Aims and methodology

Aims

- To examine recovery education in the New Zealand context
- Examine views on the content and value of peer support and wellness-recovery education before and after workshop delivery.
- Develop and test a scale designed to measure recovery training programmes

Methods

- An evaluation of a series (exact number not specified) of workshops based on a combination of WRAP and Trauma Informed Peer Support (TIPS). The workshops were consumer run (this is defined as run by consumers and based on needs defined by that group) and held in three locations.
- Pre and post delivery questionnaires. Of the 18 items included in the questionnaire, 12 were related to workshop content while the remainder explored attitudes and knowledge of the recovery concept. The post questionnaire also included questions on assessment of the workshop delivery.
- Consumers, family and friends, mental health service staff and others were invited to participate in workshops. It is not clear whether training was delivered to consumers and non-consumers separately.
- 76 of the 179 completed questionnaires were included in analysis.

Findings

- Half of responders had personal experience of a mental health problem. 66% were employed in the mental health field and of those, 44% had lived experience.
- Significant increase in agreement for 9 out of the 18 items. Floor and ceiling effects for 8 of the remaining 9 items. For these there was evidence (non-significant) of trends in positive direction.
- The workshops were effective at presenting the information they contained and there was a significant change in participants' opinions of concepts of recovery and understanding of the contents of the workshops.

- There was some evidence of non-consumer groups being more influenced by certain aspects of the training than others. There was an increase in the proportion of non-consumers who agreed that people with mental illness should have the opportunity to choose what treatment they receive (note that the proportion agreeing at baseline was high). Possible explanation is that some of the concepts and ideas about treatment were sufficiently new to non-consumer groups to allow them to be influenced.
- There is some evidence to suggest that opinions of the person receiving the treatment should be given greater weight than those of psychiatrists and other health professionals and that this view was more strongly held after the training. However, the description of the analysis is unclear and difficult to follow.
- The workshops were valuable and there were some measurable changes in understanding of the course and attitudes towards recovery among both consumers and non-consumers. The influence was in a direction that supports the recovery process and the importance of empowering consumer choice in the process.

Williamson, J (2005) 'A Users and Providers Perspective of the Implementation of WRAP Plans in Stoke on Trent'

Aims and methodology

Aims

- Assess response of providers and users to implementation of WRAP in Stoke on Trent
- Evaluate how WRAP fits in with existing service provision in the area
- Explore how WRAP has been used and the benefits providers and users have got from it.

Methods

Support Time and Recovery (STR) workers from the Social Services Department developed and piloted a WRAP plan in the Stoke on Trent area. (STR workers are non-professional recruited to work in the mental health field to respond to user needs.) Questionnaires (one for users and a separate questionnaire for providers) were distributed to voluntary and statutory services across 12 different areas of health care provision.

Findings

Users' findings

- Vast majority thought that the plan was well presented.
- Three quarters of users had no difficulties completing the plan. Difficulties expressed centred around the time it took to complete the plan effectively.
- 80% found the guidance very/extremely useful.
- 7 in 10 completed the WRAP independently. Others completed their plan with people like CPNs, support workers, carers and partners.
- The main way users reported using the WRAP was for day to day management and maintenance (50%).
- 15% hadn't made use of their plans yet.
- 80% thought there would be long-term benefits from using the plan and these would most likely be around self-monitoring and recording actions and strategies.

- Users were asked whether they thought the plan would be useful for reviews/meetings, etc – 45% thought so. One respondent queried the importance with which professionals would view the plan.
- Most people were completely satisfied with the WRAP.
- Improvements suggested included a section for carers/partners and a goals achieved section.

Providers' findings

- While it isn't completely clear it does seem that most providers introduced WRAP to users on a one-to-one basis. There is mention of it being introduced to one group of users.
- Universal introduction of WRAP to users as something for "them".
- None of the participating providers helped users in the completion of WRAP beyond basic description and comprehension checks.
- All the providers deemed WRAP effective and useful in improving awareness of illness and symptoms. Some also noted that it was a useful tool for support workers and carers. There was little support for the notion that it could aid care co-ordination.
- The issue of how appropriate WRAP was for people with literacy problems was raised by providers.

Conclusion

The article concludes that the way in which WRAP is introduced to a user may well impact on their awareness and understanding of the plan, their willingness to develop one or not and if they do develop one, whether they choose to develop it to its full potential.

There is evidence on the importance and effectiveness of WRAP for users. Provider recognition to this may have an important part to play in successful WRAP implementation. Users' feedback was that the WRAP had been a useful tool for them in meetings and care co-ordination but interestingly only one provider thought it would be useful in such circumstances.

WRAP – Evaluation in Central East Ontario (author and year unknown)

Aim and methods

44 participants were surveyed post training on their experiences during and following WRAP training. Two separate training sessions were carried out (i) orientation to wrap (ii) wrap facilitation certification. It isn't clear whether all participants took part in both sessions.

Findings

The results from the evaluation were very positive and there was evidence of improvement across all the anticipated impacts of WRAP and around 'realising hope' and 'understanding recovery in particular. Assessments of leadership and material were very positive. Although the numbers were small there was some evidence of greater change after the facilitator certification session. Many participants valued the group format and thought it was an important means of allowing their strengths to be recognised by others and for them to acknowledge others' strengths.

Cook, J, (year unknown) 'Mental Illness Self-management through wellness recovery action planning' (appeared on Mental Health Recovery website)

The author of this article has written previous articles in collaboration with Mary Ellen Copeland.

A short description of WRAP was provided followed by a brief discussion of the evidence base for WRAP. Two evaluations are discussed in more detail:

Vermont Recovery Education project

Methods - The Vermont Recovery Education Project took place between 1997 and 1999. There were 23 cycles in total. Each cycle involved 15-20 participants taking part in 40 hours of training using a curriculum developed by Mary Ellen Copland. Part of the training involved the development of a WRAP. 193 of the 435 participants that took part in the WRAP training completed the pre and post evaluation questionnaires. (44% response rate).

Findings – Evidence of improvement in participants' knowledge of early warning signs as well as the tools and skills for required for coping. The results also indicated an improved sense of self-advocacy after training.

Minnesota Evaluation

Methods - 42 WRAP cycles were held across the state between 2002 and 2003. 234 of the 305 participants completed pre and post training questionnaires (77% response rate). In addition, 140 of the 234 respondents completed a survey 90 days after the completion of WRAP training.

Findings - Increase in proportion expressing hope for recovery, taking responsibility, having a support system in place, managing medications, having a daily maintenance plan, having an improved awareness of triggers and early warning signs, developing a crisis plan, adopting a lifestyle that promotes recovery and engaging in recovery promoting activities.

Results from the questionnaire completed 3 months after the WRAP training indicate a universal sense of feeling more hopeful about recovery and the vast majority (93%) of respondents had encouraged others to participate in the training.

Henderson, C et al (2008), 'A Typology of Advance Statements in Mental Health Care' Psychiatric services 59 (1)

This article makes a formal comparison between some of the different kinds of advance statements that have emerged in the United States and Europe in recent years. The authors created a typology and established that the key things that distinguish these different types of advance statements are: legal status; level of health care provider involvement and the involvement of an independent facilitator in their production. WRAP is considered as a type of advance statement and is considered alongside the following: psychiatric advance directives; facilitated psychiatric advance directives; crisis cards; treatment plans and joint crisis plans. The authors acknowledges that WRAP isn't a legal document so has more in common with the crisis card (although is considerably more detailed than this) than other types of advance statement. While provider involvement is not a requirement of WRAP it is increasingly featuring in the US. As a result it could become an advance agreement, assuming there is consensus over the WRAP content.

Cook et al (2009), 'Initial Outcomes of a Mental Illness Self-Management Program Based on Wellness Recovery Action Planning', *Psychiatric Services*, 60 (2)

Aims and methodology

Telephone interviews, including scales, were carried out immediately before and one month after the intervention. WRAP was delivered over 8 weeks with each weekly session lasting 2.5 hours. Sessions were co-facilitated by trained facilitators with lived experience. 95 individuals completed the pre intervention interview and 80 participated (84%) in the post-intervention interview. Chi square, independent samples t tests and paired-samples t tests were used in analysis.

Findings

'High attenders' were defined as those who attended 6 or more sessions (66%). High attenders were more likely to be women and married or co-habiting.

As well as a decrease in global symptom severity, there was also a statistically significant decrease in the following subscales: psychoticism, depression, phobic anxiety, OCD, interpersonal sensitivity, paranoid ideation and general anxiety. There was a significant increase in the scores for overall recovery and all five of the recovery subscales (personal confidence; willingness to ask for help; goal orientation; reliance on others and freedom from symptom domination). Increase in hopefulness and self-reported physical health were also evident. There was a decrease in self-reported empowerment.

For high attenders there was an improvement in global symptom severity and total recovery scores; hope; self advocacy and self-perceived physical health and a decrease in empowerment. The only improvements noted for low attenders related to hope and self-perceived physical health. There were no significant changes in other outcomes for low attenders. The authors concluded that the differences in outcomes for high and low attenders could not be attributed to use of traditional clinical services.

Study limitations include: sample size; local; self-report outcomes; absence of control group and the involvement of the founder of WRAP in the evaluation.