



Medical
Research
Council



Peer-led recovery groups for people with psychosis in South Africa (PRIZE): a randomised controlled feasibility trial

Presented by: Ms Bongwekazi Rapiya (Project Lead)

Dr Carrie Brooke-Sumner South African Medical Research Council (Co-PI)

Prof Laura Asher University of Nottingham (Co-PI)



CO-INVESTIGATORS

- Prof Inge Petersen
- Prof Bronwyn Myers
- Prof Charlotte Hanlon
- Dr Julie Repper
- Mrs Limeez Botha



CENTRE FOR GLOBAL
MENTAL HEALTH



BACKGROUND

- Severe mental illness/dual diagnosis – disability affects health and development
- Community rehab services inadequate
- Non-governmental organisations - low coverage
- Psychosocial interventions by specialists not feasible or scalable
- Peer support groups reduce social isolation and support recovery



PRIZE SETTING

- Eastern Cape
- Nelson Mandela Bay Metropolitan district
- Unemployment rate >50%
- 41 primary health facilities, 11 psychiatric clinics (one psychiatric hospital)
- Free antipsychotic medication at PHC, supply unreliable



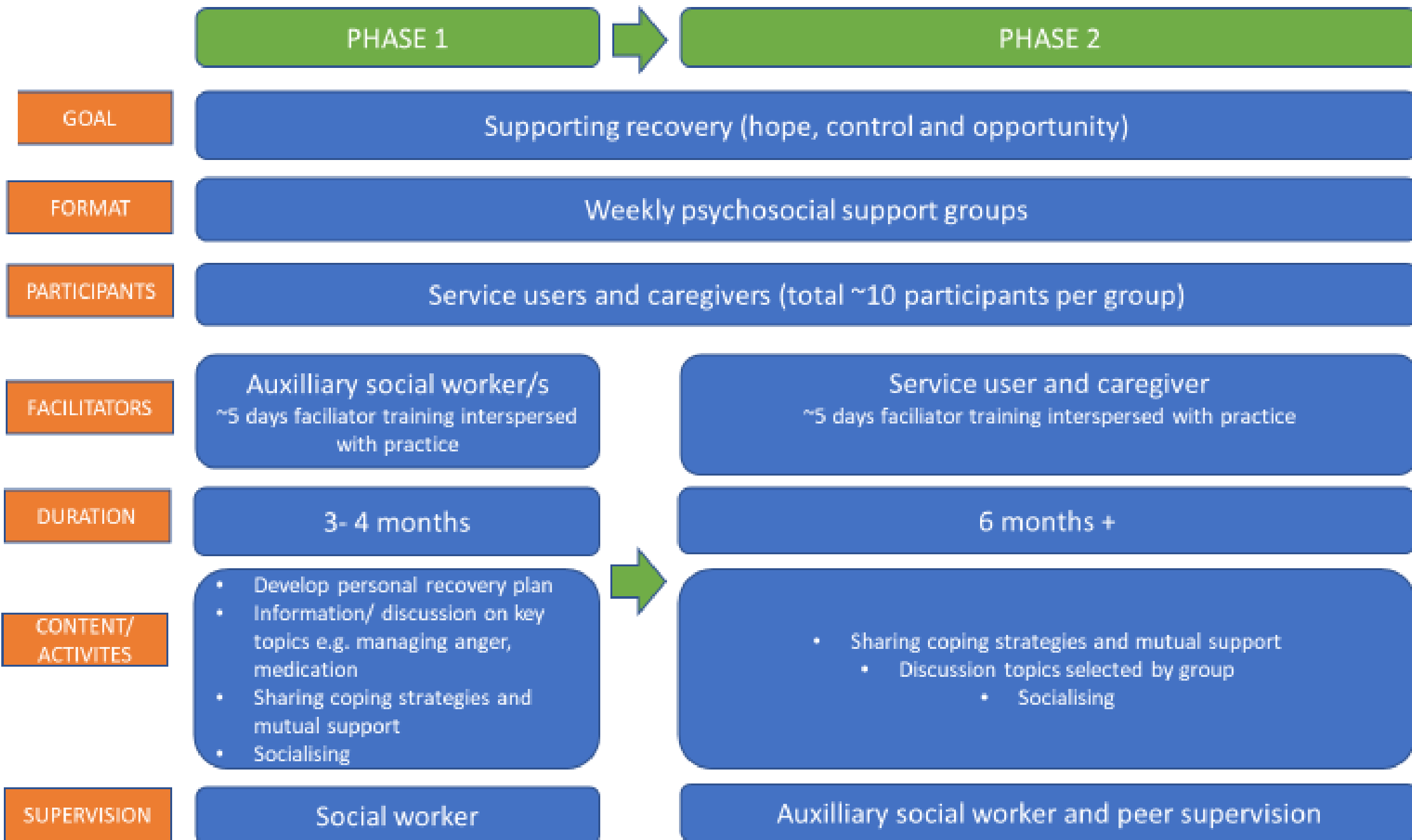
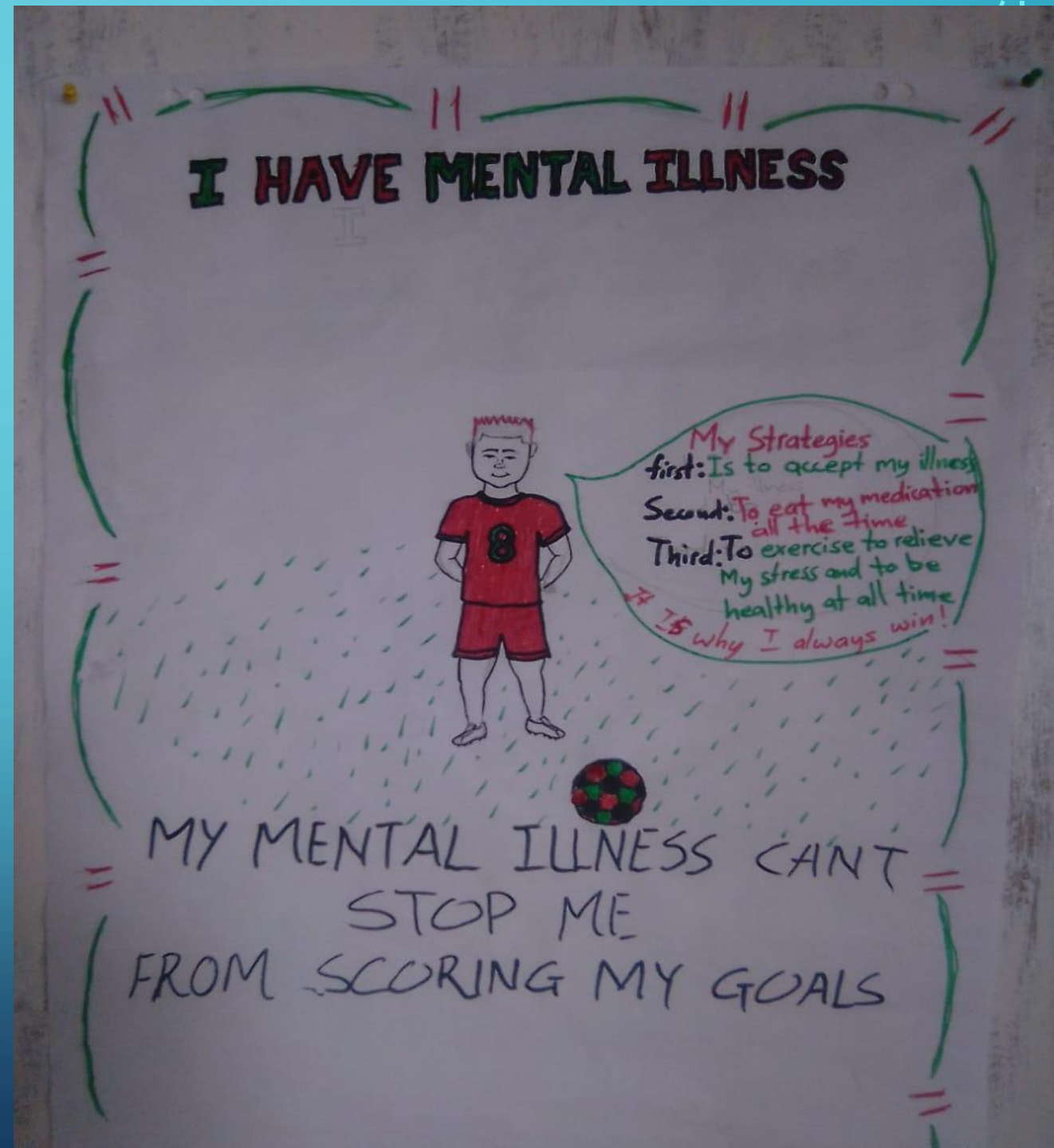


Table 1 Auxiliary social worker facilitated sessions

PRIZE recovery groups: Auxiliary social worker facilitated sessions

1. Introduction to the recovery group
2. Understanding my mental health
3. Building self-esteem
4. Recovery planning 1: My personal recovery plan
5. Recovery planning 2: When things aren't going well
6. Recovery planning 3: Dreams and goals
7. Thinking about money
8. Healthy relationships
9. Celebrating our journey so far and next steps together



AUX SOCIAL WORKER MATERIALS



STEP 2: PARALLEL CHECK IN AND BREATHING EXERCISE

30 min

Each facilitator takes a group.

Both groups start as follows:

- Warmly welcome group members to Session 3.
- Start with doing the breathing exercise that you used in Session 2 to help settle everyone! Remind members about body posture and when everyone is comfortable start with "breathe in for the count of 4, hold the breath for 4 counts and breathe out for 4 counts. Do this slowly for 3 rounds. Invite everyone to take a deep breath in and when they breathe out, to open their eyes and smile!
- With a soft smile it is time to check in so that we can all listen with 'kind listening ears' to each one's experiences. Check in is also an opportunity to offload and share any challenges and some of the good things too.
- Affirm that from what you have experienced so far in the group sessions, everyone in the group has a story to tell about their life and experiences – and that sharing these experiences helps us to grow and learn from one another.
- Let's start off with a round robin - first say your name and then share some of your challenges you had since our last session.
- Once you have shared challenges, then do another round robin going in the opposite direction and share some of the good things that happened since the last session!

Then, specific questions for the following groups:

Sharing information about the causes of mental illness

15 min

Read Sandile's story



Sandile is a 35 year old isiXhosa man. He was orphaned as a child and grew up in different homes, with no male figures to take on the role of father. Eventually he 'went to the mountain' on his own, but since he had no male family members involved, he never got to do the necessary preparations. He became sick soon after that, and he wonders if his mental illness is something to do with this. His sister, who he lives with now feels that they never get to the bottom of the cause of the illness. She has taken him to traditional healers and they too have also not been able to get to the bottom of this illness. She wonders if his mental illness might be caused by witchcraft as their family seems to be vulnerable to this.

- Check in - parallel
- Vignette and discussion with illustration card
- Group problem solving
- Informal socializing, eating together
- 2 hours total



My Recovery Plan Part 2 – When I am feeling well...

Part 2 – when I am feeling well ...

- Start the sentence by saying "When I am feeling well I am ..."
- the boxes that apply to you
- There are black spaces for you to add any others you can think of



Sociable	Outgoing	Impulsive	Confident	
Loner	Talkative	Quiet	Enthusiastic	
Cautious	Introverted	Energetic		
Athletic	Extroverted	Opinionated		
Optimistic	Happy	Thoughtful		
Pessimistic	Industrious	Encouraging		
Responsible	Supportive	Competent		
Curious	Adventurous	Serious		
Easy going	Outspoken	Hardworking		

When I am feeling well other people see me as ...




If you can't answer this question, try ask the person next to you to tell you how they see you when you are well!

PEER FACILITATOR MATERIALS

Isikhokhelo soontangandini beqela lokuchacha

Igama: _____
 Umhla: _____
 Indawo: _____

INYATHELO 1: KHANGELA INDLELA ABAZIVA NGAYO KWAYE WAZIZSE ISIHLOKO SANAMHLANJE 10 imiz

Phawula kwirejista yabakhoyo xa ilungu leqela lifika

Namkelekile kwakhona!



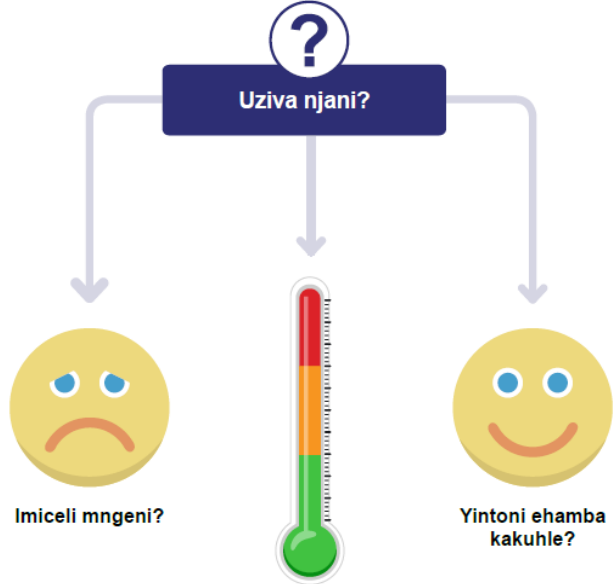
Masikhumbuzane malunga nendlela yokuba lilungu leqela elilungileyo...

- WENA MNA**
Umda onempilo: Wonke umntu uziva ekhuselekile kwaye ehloniphiwe
- Mamela**
- Thetha okusuka entliziyweni**
Phefumla nzulu kwaye uthi "Ndiziva"

1

INYATHELO 1: KHANGELA INDLELA ABAZIVA NGAYO KWAYE WAZIZSE ISIHLOKO SANAMHLANJE 10 imiz

Uziva njani?



Imiceli mngeni?

Yintoni ehamba kakuhle?


PEER FACILITATOR TRAINING

- ▶ Facilitator manual for ASWs to train peers (isiXhosa)
- ▶ Experience from this training – coming to a central venue and having intensive training can be stressful for peers
- ▶ Materials, although simplified and translated, are still inaccessible to some who have very low levels of literacy
- ▶ Feed back from ASWs – peers prefer to have short sections of training/mentoring – alongside their group sessions, and in their own community/venue



FLASH CARDS


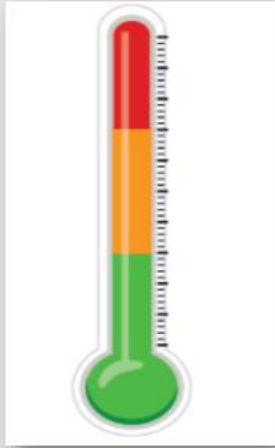


Listen

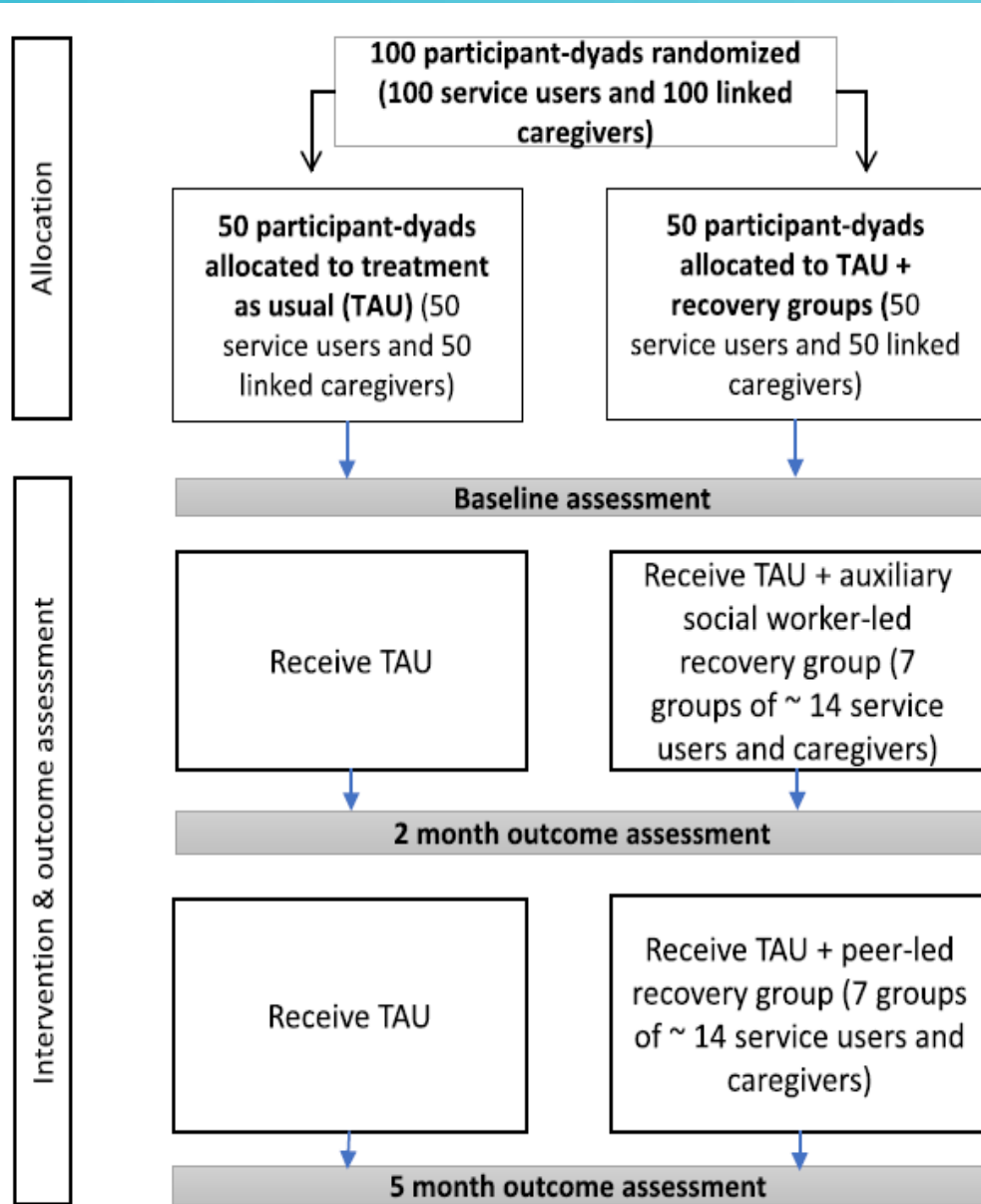


Speak from your heart



Confidentiality





Pilot trial

- Individually randomised parallel group
- Comparing recovery groups in addition to TAU compared to TAU alone in a 1:1 allocation ratio
- Data collection baseline, 2 months, and 5 months post-intervention

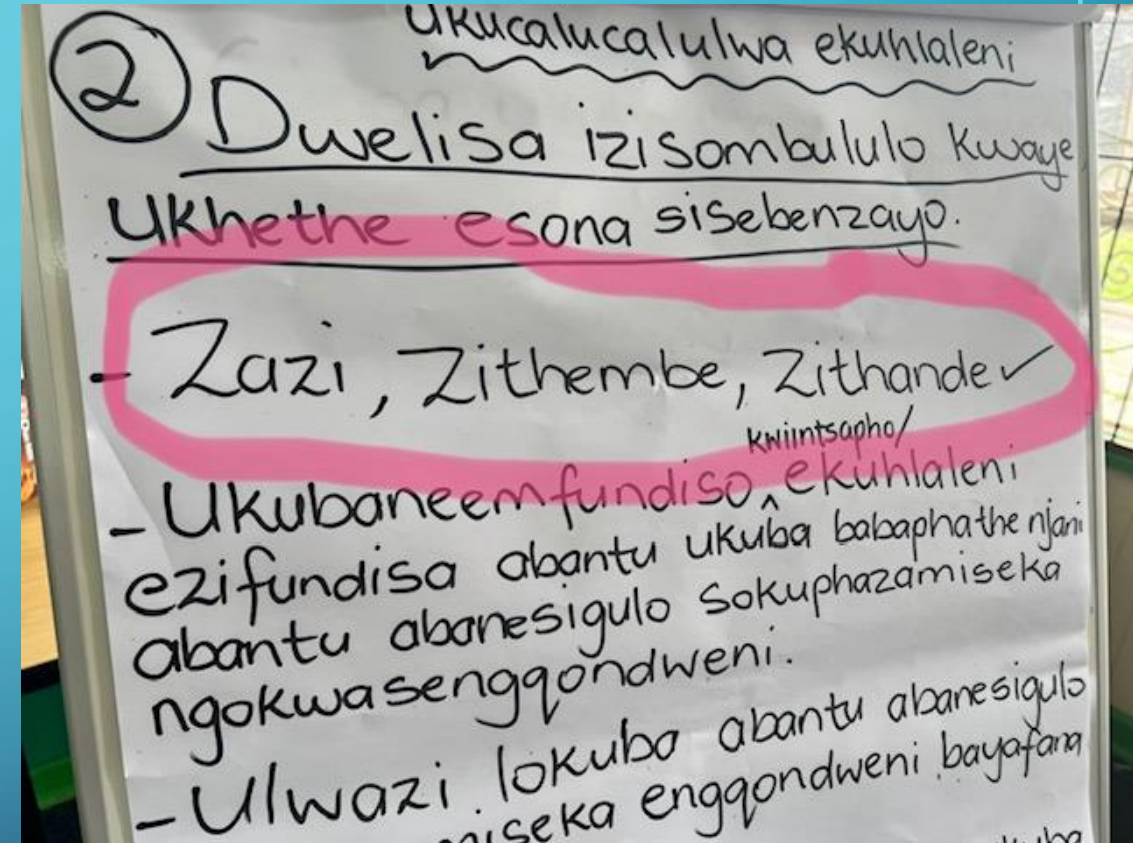
CHALLENGES

- ❖ Some groups started at planned dates – others not
- ❖ Set dates for groups – coincide with grant and clinic days
- ❖ Strikes/protests, venue issues and weather = non attendance
- ❖ Groups dwindling as sessions progresses (expected)
- ❖ Expectations (financial) although purpose of groups explained
- ❖ Literacy problems hinder some participants from being peer facilitators



Data

- Feasibility of recruitment (n=92 of target 100 service users); caregivers 47
- Retention of participants (92% completed endline data collection)
- Participation in groups - Median group size n=9 at baseline vs 7 at endline
- Initial qualitative findings - building confidence, self-esteem, sense of belonging



ngiyathokoza! ro livhuwa!
dankie! ke a leboga! **ENKOSI!**
inkomu! thank you! **udo livhuwa!**
ke a leboha! **ngiyabonga!**
siyabonqa!