Primary prevention for mental health: design and delivery of a generic stress management program.

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ISSN 1446-7984

Editor in Chief
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Published by Australian Network for the Promotion, Prevention and Early Intervention for Mental Health

ABSTRACT

Objective: *To design, deliver and evaluate a stress management program that would target the needs of the local community.*
Method: Balancing Out*, is a pilot stress management program jointly designed and delivered by a senior social worker and an occupational therapist based at Bunbury Primary Health Services in Western Australia.*
Measures: *The program was evaluated using a pretest-posttest design incorporating the Perceived Stress Scale. At the conclusion of the program participants were also asked to rate the content and presentation of the program and offer their opinion on what they learnt most from the program and what they would like to see changed.*
Results: *Quantitative results indicate that our sample had significantly higher stress levels then the norm at the beginning of the program and below population norms at program completion. Qualitative responses indicated that respondents had gained increased self-efficacy in managing stress.*
Conclusions: *Favourable evaluation results lead us to conclude that the Balancing Out program was effective in increasing the stress management skills of participants.*

Introduction

Stress in society is escalating at an alarming rate (Antai-Otong, 2001). One indicator is the expanding rate of stress related workers compensation claims. In Western Australia, claims increased by 118.8% between 1993/94 and 1996/97 (WorkCover WA, 1998). Stress can lead to specific health problems such as insomnia, headaches, hypertension, and gastrointestinal disorders (Murphy, 1996) and is also reported to compromise immune system functioning leading to an increased susceptibility to illness (Senior, 2001; Taylor, 1995). Chronic stress can lead to heart disease, and mental health conditions, such as depression and anxiety disorders (Clark, Anderson, Clark, & Williams, 1999).

The World Health Organisation is predicting that depressive disorders will rank as the second leading cause of the global disease burden by 2020, (behind ischaemic heart disease but ahead of all other diseases). In the face of this disturbing prediction it is important to note that protective factors that build resilience reduce the likelihood that a mental health disorder will develop (Commonwealth Department of Health and Aged Care, 2000). Health promotion practitioners can play a front line preventive role in addressing the growing problems associated with stress in society. Primary prevention programs specifically using stress management skills such as time management, coping strategies, goal setting and problem resolution skills, have been shown to significantly reduce the stress levels of program participants (Godfrey, Bonds, Kraus, Wiener, & Troth, 1990).

The *Balancing Out* Program

Balancing Out, is a stress management program jointly designed and delivered by a senior social worker and an occupational therapist based at Bunbury Primary Health Services in Western Australia. The pilot program was delivered recently in one and a half-hour sessions every week for a period of six weeks. Each session included components of theory and practice.
The theoretical underpinning for the program was based on the work of Professor Bob Montgomery, Head of Psychology at Bond University, Queensland, Australia. In

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Citation: Gregg, C.; McRobert, J. & Pillar, M. (2002). Primary prevention for mental health: design and delivery of a generic stress management program. *The Australian e-Journal for the Advancement of Mental Health*, 1 (1) http://auseinet.flinders.edu.au/journal/vol1iss1/gregg.pdf

brief, his model of stress involves five main components – external real or imagined stressors, thoughts or 'self-talk', physiological responses, emotional responses, and behavioural choices (Montgomery & Evans, 1995). Explanations based on this model were used to help participants understand the stress process. An added important component of the program included the opportunity to practice a range of relaxation strategies that involved stretching, guided imagery, deep breathing, meditation and progressive muscle relaxation.

A large portion of the program curriculum focused on building personal stress management skills. The main themes included:

- identification of stressors
- problem solving
- the relationship between stress and illness
- coping strategies
- goal setting

Features of the program involved the use of teaching aids such as overheads and video presentations, and the inclusion of participants in interactive group work. Program participants were also given a 'resource kit' increasing awareness of local community resources that offered recreation and relaxation opportunities and counselling support.

Participants

Demand for entry into the program was overwhelming indicating that the stress management program was meeting a perceived need in the local community. Twelve participants were accepted into the pilot program. The only male and one female participant withdrew at the conclusion of session one. The remaining 10 participants maintained a high level of attendance with all completing the 6 week course. The ages of the participants ranged between 16 and 49. The median age was 30.

No attempt was made to screen applications prior to inclusion in the program. Participants were invited to phone to register their interest. The first 12 applicants were chosen to participate. Other applicants were advised that the program was fully subscribed and would be re-advertised at a later date.

Marketing of the program was low-key, due mainly to time and cost restraints. A local community newspaper carried a small article with some free community radio coverage. Flyers were also distributed to medical practices.

Evaluation Method

A pretest-posttest program evaluation design was employed incorporating the ten-item Perceived Stress Scale (PSS). This widely used psychological instrument for measuring the perception of stress is designed for use with community samples with at least a junior high school education (Cohen, Kamark, & Mermelstein, 1983). The questions are quite general in nature and have been tested with a variety of population groups (Cole, 1999). In addition, at program completion participants were also asked to rate items relating to course content and presentation and to respond to two qualitative questions. The qualitative questions invited opinion on the most important thing individuals had learnt, and what they would change about the course.

The evaluation was designed to be comprehensive, yet user-friendly. The PSS is a scientifically validated instrument that has been used internationally with a variety of programs therefore bringing scientific rigour to the evaluation. The scale is readily available and the author freely gives permission for it to be used for research purposes. It is also easy to administer and score and there is no necessity to use a statistical package to calculate results as this can quite easily be done by simply adding the scores of each individual's scale items and drawing pre and post program comparisons. However, clinicians need to be aware that four items on the PSS are

positively stated and for these items the scores need to be reversed.

Results

The scores for the PSS were entered into the Statistical Package for the Social Sciences software program and analysed using a paired samples T-test. The mean score at pre program was 21.33 and the post program score was 11.33. The mean score for the Perceived Stress Scale when administered to the general population is 12.1 for males and 13.7 for females. Results indicate that our sample had significantly higher stress levels then the norm at the beginning of the program and below population norms at program completion.

Respondents rated the course content and presentation highly. Negative comments related only to the fact that the videos were somewhat dated in style. Qualitative responses indicated that respondents had gained increased self-efficacy in managing stress. Typical responses included; *"I understand I need to make the first step by targeting my stressor"*, *"stress is a part of my life but I can add strategies into my life to cope better and reduce the stress level"*, and, *"there is plenty of help available and we can beat our problems with planning"*.

Discussion and conclusion

Favourable evaluation results lead us to conclude that the *Balancing Out* program was effective in increasing the stress management skills of participants. We conclude that it is possible to create a generic stress management program that will be effective for a range of individuals of mixed background, age and gender. Sustainability is an issue that warrants further discussion. Participants from the pilot program are interested in regrouping so they can keep in touch. Apparently they are keen to continue the benefits of social support derived from meeting with other participants. Several comments were made regarding the degree of trust and comfort afforded participants by the group in disclosing personal issues. We also need to address the issue of community demand for the program and are currently investigating the option of training other primary health staff so that the program can be repeated more regularly to a wider audience.

The authors would like to acknowledge the ongoing assistance and advice of Dr Ray James, Manager, Bunbury Primary Health Services, during the design of the stress management program and evaluation.

REFERENCES

Antai-Otong, D. (2001) Creative stress management techniques for self-renewal. *Dermatology Nursing* 13(1), 31-19.

Clark, T., Amderson, N., Clark, V., & Williams, D (1999) Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54, 805-816.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983) A global measure of perceived stress. *Journal of Health and Social Behavior* 24, 385-396.

Cole, S. (1999) Assessment of differential item functioning in the Perceived Stress Scale-10. *Journal of Epidemiology and Community Health* 53, 319-120.

Commonwealth Department of Health and Aged Care (2000) *National Action Plan For Promotion, Prevention and Early Intervention for Mental Health,* Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.

Godfrey, K., Bonds, A., Kraus, M, Wiener, M., Toth, C. (1990) Freedom from stress: A meta-analytic view of treatment and intervention programs. *Applied Human Resource Management Research* 1(2), 67-80.

Murphy, L. (1996) Stress management in work settings: A critical review of the health effects. *American Journal of Health Promotion* 11(2), 112-135.

Montgomery, B., & Evans, L. (1995) You and Stress. Australia, Penguin Books.

Senior, K. (2001) Should stress carry a health warning? *The Lancet* vol 357, no. 9250.

Taylor, D. (1995) Effects of a behavioural stress-management program on anxiety, mood, self-esteem, and T-cell count in HIV positive men. *Psychological Reports* 76(2), 451-7.

WorkCover WA (1998) Overview of Occupational Stress in Western Australia available http://www.workcover.wa.gov.au/pubs/default.asp