

AN EVALUATION OF THE CARRICKFERGUS
ASSERTIVE OUTREACH PILOT SERVICE



A Model of Day Care 'Without Walls'

*Sonia Mawhinney
Praxis Research Department
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For a copy of the report or further information about the evaluation, please contact:

Sonia Mawhinney
Praxis Research Department
27-31 Lisburn Road
Belfast
BT9 7AA



028 91234555



soniamawhinney@praxismentalhealth.org

The Carrickfergus Assertive Outreach Pilot Scheme was set up in October 2000 as a joint venture between Homefirst Community Trust and Praxis¹. The service is aimed at individuals who experience mental ill-health who do not avail of existing day care services. The pilot scheme offers group/social activities and one-to-one support, most of which is provided by two female project workers. To date, 28 individuals have been referred to the service. The evaluation of the outreach scheme aims to determine if, and in what ways, the service has benefited clients. It also aims to elicit staff and clients' views on the service and assess satisfaction with the service provided. This is a report on the first six months of operation. Some of the key findings from the evaluation are summarised below:

- The majority of individuals using the outreach service were female, aged between 30-39 years. Individuals with a diagnosis of schizophrenia or depression were mostly likely to be referred to the service.
- Over the 6 month period there was an increase in clients' social and behavioural functioning. Client's social contact and communication skills increased significantly over the 6-month period.
- There was a significant improvement in client's self-esteem and their ability to interact with staff.
- Clients were involved in a range of activities including group crafts, swimming, shopping, talking, going for a walk or having coffee / lunch. On average, individuals received around 2 hours of staff input on a weekly basis.
- On the whole individuals reported positive relationships with the project worker/s referring to the relationship as friendly, caring and supportive.
- All but one of the individuals felt a number of positive changes had come about since they had received the service. Changes were primarily about feeling more confident, mixing with other people, being motivated and having a sense of achievement.
- Individuals particularly valued the social contact with the project worker and other group members. Individuals stated they felt a sense of achievement since being involved in the service and also were more confident to pursue activities on their own.

(the staff) 'are very caring...They seem genuine in the work they do. I would count them among my friends'

¹ Praxis is a voluntary organisation which promotes mental health

BACKGROUND

The Carrickfergus Assertive Outreach Scheme was set up in October 2000 as a joint venture between Homefirst Community Trust and Praxis. The project was set up in response to the awareness that a significant number of individuals experiencing mental ill health living within the Carrickfergus area were not availing of existing day care services. This included individuals who previously received a high level of support and intervention during their admissions to Holywell hospital, however, since returning to the Newtownabbey/Carrick area have had minimal rehabilitative input. The Occupational Therapy (OT) Department within the Trust and Praxis planned and developed a pilot outreach service to meet the needs of such individuals. The service is a model of 'day care without walls' which aims to tailor support to the needs of the individual.

CLIENT GROUP

The service is aimed at adults, both male and female who experience or who are vulnerable to experiencing mental ill health. The majority of clients referred to the service have a serious mental illness diagnosis, however, the scheme maintains a few places that are available for individuals who may not have an enduring mental illness but require support for a specific period of time. Although the service is primarily for the client, in a few cases there is contact with other family members, particularly young children of mothers who are engaged with the service.

ACTIVITIES

The service provides two main types of activities:

- Group / Social Activities
- One-to-one Support

Homefirst staff provides the group / social activities. The one-to-one work is mostly carried out by Praxis, although a few clients receive one-to-one support from the OT department within the Homefirst Trust. The service aims to support individuals to avail of a range of community facilities, such as the leisure centre, supermarket, beauty salon, adult education centre, local cafes and restaurants. Other activities offered include craftwork, cookery, taking a drive or walk and providing assistance with personal budgeting. The activities are tailored to the needs of each individual, with flexibility to afford individuals the opportunity to move from one type of activity to another.

STAFFING

The pilot project is mostly staffed by two female Project Workers, one from Praxis and one employed by Homefirst. The Praxis project worker offers one-to-one support two half days per week. The Homefirst

worker is available 2 days one week and 3 days on alternate weeks. In addition to this core staff, 8 other staff members have an input into the service:

- Three Technical Instructors (Homefirst) who are each responsible for one or two clients.
- Occupational Therapist who is responsible for two of the clients who reside within Newtownabbey.
- Head III Occupational Therapist (Homefirst, referred to in this report as the Project Co-ordinator) who is responsible for the supervision and support of the Homefirst Project Worker and the overall management of the project.
- 2 Praxis Project Workers who provide one-to-one support for the Praxis clients.
- Project Manager (Praxis) who is responsible for the supervision and support of the Praxis Project Worker.

FUNDING

The service is a 6 -month pilot project with temporary funding. The Homefirst project worker is employed on a temporary contract and the Praxis staff input is funded from existing resources. The main expense for running the service is staff hours. There are also costs of travel to and from clients' homes and transporting clients to group activities. Additionally there are costs of hiring rooms for the group activities and staff expenses when taking clients for coffee/lunch and participating in leisure activities.

EVALUATION

The evaluation of the pilot day care service was carried out by the Praxis Research Department. The evaluation had three main strands:

- i. **Client Outcome:** The evaluation aimed to obtain an indication of clients' social and behavioural functioning during the 6 months of using the outreach service. This was assessed using the Life Skills Profile (Rosen et al, 1989), a questionnaire that was developed to assess functioning and progress of individuals with long-term mental health problems. The scale consists of 39 items, rated on a 4-point scale, grouped into 5 sub-scales:
 - **Self-care:** Appearance, personal grooming, hygiene
 - **Non-Turbulence:** Reckless/ offensive behaviour, violence
 - **Social Contact:** Interpersonal contact, social activities, friendships, leisure pursuits.
 - **Communication:** Interpersonal skills, coherence of speech.
 - **Responsibility:** Medication, treatment compliance
 - **These sub-scales provide an overall Total Score.**

Ratings were also obtained on several aspects of the client's functioning, including client self-esteem, confidence, assertiveness and interaction with staff. The Project Co-ordinator completed the LSP for those individuals using the Homefirst activities and the Praxis Project Worker completed questionnaires for individuals receiving one-to-one support. Ratings were provided when the clients started using the service (baseline) and at 6 month follow-up.

- ii. **Client Views:** Clients were invited to take part in a short one-to-one interview or to participate in a focus group. The purpose of the interviews/group discussion was to assess clients' satisfaction with the outreach service provided. Individuals were asked about:
 - The type of activities they were involved in
 - Relationship with the staff
 - Changes in themselves as a result of using the service
 - General satisfaction with the service

- iii. **Staff Views:** The Project Co-ordinator and the two Project Workers were asked to participate in an interview to gather background information on the service and operational issues. This included information on the rationale behind setting up the service, range of clients involved in the service, demand for the service, outcomes for clients, staff training and personal development and plans for service development.

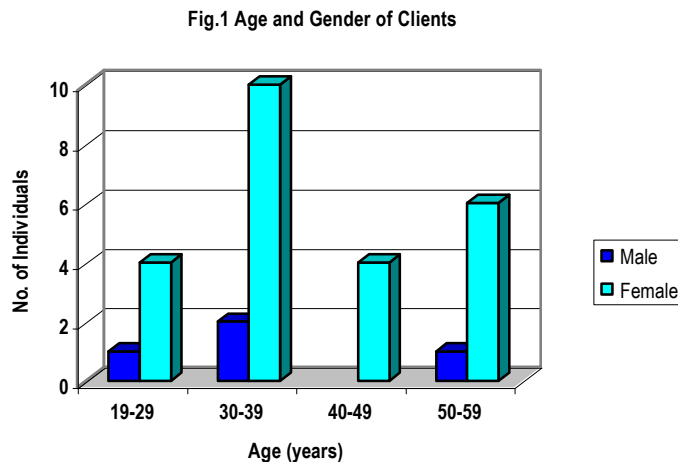
CONSENT

Written consent was obtained from clients who were interviewed as part of the pilot evaluation.

CLIENT PROFILE

Part of the evaluation involved generating a profile of individuals using the outreach service. Since the service started in October 2000, a total of 28 clients have been referred to the pilot outreach scheme. Of these, 22 individuals successfully engaged with the service, 5 individuals did not take up the service and 1 individual is currently on the waiting list.

Gender and Age: Of the 28 individuals referred to the service, 24 were female and 4 were male. The



average age was 38 years, ranging from 19 to 58 years. As can be seen from Fig 1, the majority of clients were aged between 30-39 years.

Marital Status: 39% (N=11) of individuals were single. One third (N=9) were married / cohabiting and 21% (N=6) of clients were divorced. 7% (N=2) of individuals involved in

the pilot scheme were widowed.

Living Arrangements: 29% (N=8) of individuals lived alone and the same percentage lived with a partner/spouse. 18% (N=5) lived with a son/daughter, 14% (N=4) lived with their parents and 3 had other living arrangements.

Mental Health Diagnosis: Clients referred to the outreach service suffered from a variety of mental health problems (Table 1). The most common diagnoses were schizophrenia (N=10), depression (N=9), anxiety

(N=5) and personality disorders (N=3).

Other illnesses included obsessive-compulsive disorder, grief reaction, alcohol-brain disease and adjustment disorders. Some individuals suffered from more than one type of illness

Table 1: Client Diagnosis

Schizophrenia	36%	(N=10)
Depression	32%	(N=9)
Anxiety	18%	(N=5)
Personality Disorder	11%	(N=3)
Other	29%	(N=8)

N.B. Adds up to more than 100% as some individuals had more than one type of illness.

Carer: 36% (N=10) of individuals were reported to have a carer. This was mostly a

family member including a mother, spouse and brother. One individual had a paid carer.

Hospital Admissions: Prior to being referred to the pilot outreach service, over half the clients (54%, N=14) had previous hospital admissions. Clients had on average 3 previous hospital admissions, ranging from 1 to 11 admissions. The majority of individuals (N=10) had between 1-3 previous admissions and only four individuals had 5 or more admissions.

Use of Other Services: Just over half of clients (54%, N=15) were reported to be using other mental health services. This was mostly attendance at the Carrick Day Centre (N=5), the local Psychiatric Day Hospital (N=4) and participating in O.T leisure evenings (N=3). In addition, one individual had a befriender and two individuals were involved in voluntary organisations.

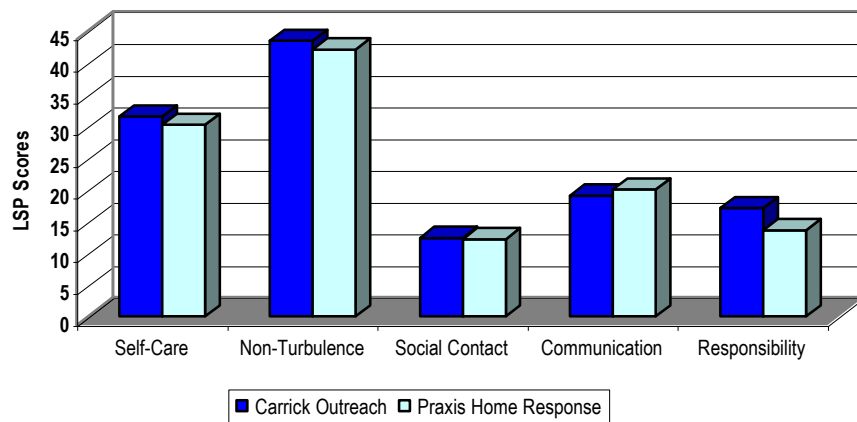
CLIENT OUTCOME

At the end of the six-month evaluation period, 19 of the 28 clients referred to the service were continuing to use the outreach service:

- 13 using Homefirst group / social activities
- 6 receiving Praxis one-to-one support

Of these individuals, 15 had been receiving the service for the full six months. Ratings were provided for the 15 clients on their social and behavioural functioning using the Life Skills Profile (LSP). Rating were

Fig 2: Carrick Outreach LSP Scores compared to another Praxis Sample



obtained prior to them taking up the service and at 6 months follow-up. The baseline LSP scores from the Carrick outreach sample are compared to scores from a group of individuals using a Praxis Home Support service in Northern Ireland². Figure 2 contains the average

(mean) LSP score for each sub-scale for the Carrick outreach sample and the Praxis Home Response sample. Higher scores on the LSP indicate better functioning. With the exception of communication, clients using the outreach service have slightly higher scores (indicating a higher level of functioning) on each of the sub-scales compared to the Home Response sample. The outreach group has slightly lower scores for communication indicating poorer interpersonal skills.

Changes in Functioning Over Time

The LSP was completed for clients after they had been using the service for 6 months. Change across the 2 testing times (baseline & 6 months) for each LSP sub-scale and the total score was explored using the Wilcoxon signed-ranks test.

Table 2: LSP Scores at the 2 Testing Points

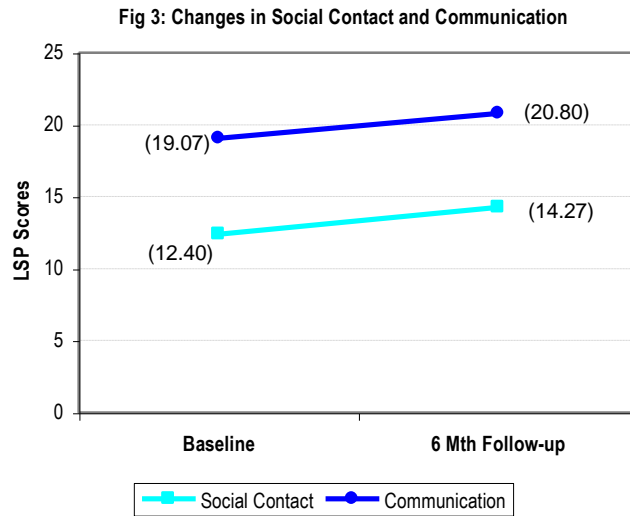
	BASELINE	6 MONTH	
Self-Care	31.53	32.33	↑
Non-Turbulence	43.47	43.33	↔
Social Contact	12.40	14.27	↑
Communication	19.07	20.80	↑
Responsibility	17.07	17.73	↑
Total LSP Score	123.53	128.47	↑

² Home Response is a domiciliary model of care where an individual experiencing mental ill-health receives support within their own home by a trained mental health worker.

Given that there were a small number of clients (N=15), the Exact Test procedure was applied. With the exception of non-turbulence, there was an improvement across each of the sub-scales scores over the two testing times (Table 2). The arrows indicate the direction of change. There was a significant increase in scores for:

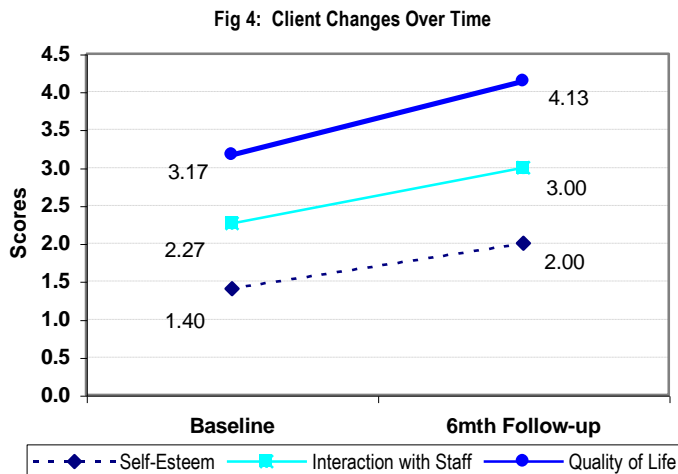
- **Social contact**, including interpersonal contact, social activities, friendships and leisure pursuits ($z=-2.116, p<0.035$) (Fig 3).
- **Communication skills**, including interpersonal skills and coherence of speech ($z=-2.605, p<0.007$)

Ratings were also obtained over the 2 testing times on several aspects of the client's functioning, including client self-esteem, confidence, assertiveness and interaction with staff.



Self-Esteem: There was a significant increase in clients' self-esteem scores 6 months after they had been using the service [$z=-2.714, p<0.008$] (Fig 4).

Interaction with Staff: A significant increase in clients' ability to interact with staff also occurred between the baseline and 6-month follow-up period [$z=-3.051, p<0.002$].



Quality of Life: Staff ratings on clients' quality of life increased significantly over the 6-month evaluation period from a mean score of 3.17 to 4.13 ($z=-3.352, p<0.000$).

CLIENT'S VIEWS ABOUT THE SERVICE

Individuals who had been using the service for approximately 6 months were asked to take part in a focus group discussion or a face-to-face interview to find out their views on the outreach service. The interview / group discussion included questions on the visits or activities they were involved in, their relationship with staff, changes in themselves as a result of using the service, aspects of the service which they liked best and areas which they felt could be improved. Client consent was obtained and interviews were recorded with the client's permission. Six individuals, all female, participated in an interview or group discussion.

Activities: Individuals were involved in a range of activities with the outreach service, including group crafts, swimming, shopping, talking, taking a walk or going for coffee / lunch. On average, individuals received around 2 hours of staff input on a weekly basis. This ranged from one individual participating in one weekly session lasting 1^{1/2} hours to two other individuals being involved in a 2 hour weekly session followed by an afternoon group activity. In addition, some of the individuals were involved in monthly group outings organised over the summer months. This involved individuals going on 'away days' with the project worker and other group members. Individuals involved in the group activities (such as craft and swimming) valued the groups being relatively small in size and did not want the groups getting too big. The general consensus was that the groups could cater for another 2-3 others but felt that any more would have implications for the one-to-one support their received from the worker, summarized by one individual: *'If the group was any bigger it would be difficult for (worker) to give us all the same attention.'*

Relationship with Project Worker. On the whole individuals reported positive relationships with the

project worker/s referring to the relationship as friendly, caring and supportive (Table 3). Their worker was regarded as someone whom they could go to for information and/or advice. One individual received reassurance from the knowledge that all the workers were trained in mental health issues and could detect and follow-up on any changes in her mental well-being.

Table 3: Relationship with Project Worker

'It is a very friendly relationship and very understanding'

'Very caring...They seem genuine in the work they do. I would count them among my friends'

'Friendly and supportive'

'(worker) is a guider'

Changes in Self: Individuals were asked if, and in what ways, they had changed as a result of using the outreach service. All but one of the individuals felt a number of positive changes had come about since they had received the service. Changes were primarily

about feeling more confident, mixing with other people, being motivated and having a sense of achievement (Table 4). One individual did not mention any positive or negative outcomes as a result of using the service.

Table 4: Changes in Self

'I am not as backward. It has built up my confidence and made me more cheerful'

'It gives me a wee lift that someone is coming and gives me a bit more interest in things'

'It helps your mind and your depression and brings you totally out of yourself'

'A sense of achievement in finishing a piece of work'

'I am more confident and more able to talk to people'

Individuals were also asked whether they considered themselves using the service on a short or longer-term basis. All the individuals stated they would like to continue receiving the service. A few individuals elaborated this point:

- One individual stated she would like to receive the service *'this time next year'*.
- Another stated she would like to receive the service for *'another while'*, but did not expect it to *'carry on for good'*.
- One of the females who felt she would require the service for a longer period

of time placed this in the context of her mental health, stating: *'I have had the illness for ...years so I don't think it will magically disappear'*.

Like Best about the Service: When asked what they liked best about the outreach service, individuals referred to a range of aspects of the service including the social contact with the project worker and other group members, having a sense of achievement and being more confident to pursue activities on their own. Comments are noted in Table 5.

Like Least about the Service: Only one individual mentioned an aspect of the service she least liked. This was with regard to receiving one-to-one support, where she felt that some days she was not in the *'mood for talking'* when the worker came to see her. However, she did not feel this could be changed.

Table 5: Like Best About the Service

'Now that I have done things with (worker) I can do things on my own now, like now I can go out shopping on my own...I would never have done that in the past'

'Having someone to talk to'

'The company and the chat'

'Good use of time and having a sense of achievement'

'The company'

STAFF VIEWS ABOUT THE SERVICE

The Project co-ordinator was interviewed at the outset of the pilot outreach scheme being provided and 6 months after the service had been in operation. The two project workers were also interviewed at the six month stage. The interviews were carried out to obtain information on the process of setting up the service, aims of the service, details on how the service was provided, issues relating to client outcome, staff development and future plans for the pilot scheme.

Benefits to Clients: Staff highlighted a number of benefits that had come about for clients as a result of using the outreach service. These included:

- Improved social skills
- Increased confidence
- Greater motivation
- Higher level of health and fitness
- Learning time management skills
- Becoming more integrated into the community.

There were also perceived benefits for other family members, primarily young children whose mother was in receipt of the service. For example, with the support of a worker one mother took her child swimming and another mother and child availed of the local 'tumble tots' activities. Clients were encouraged to try new activities or social outings with the support of a staff member. For some individuals, staff believed this gave them the confidence and motivation to perform the activities on their own.

Engaging Male Clients: It was recognised by each of the staff members that the service was successful in attracting and engaging female clients. However, within the first six months of operation the service had identified only four males and successfully engaged one. A number of reasons were suggested for this gender imbalance, most notably that all the current workers were female. It was felt that if a male worker were to be employed alongside the female staff members, the service might be more effective in targeting male clients. It was also felt that to engage one or two males would be the most difficult, requiring a substantial amount of one-to-one work. However, once a few males had been engaged it was felt that it would be much easier to attract more males and involve them in small activity based groups.

Joint Working: It was stated that the two organisations, Homefirst and Praxis worked together very well on the joint project. The project co-ordinator and the Praxis Manager met frequently when the service was first set up. Through the six months there was continued liaison with each organisation providing an update and

progress report on clients engaged with the service. Both organisations were keen that the joint partnership would continue and develop.

Personal Development: The two project workers were asked about their role within the scheme, support issues and any training needs. Both workers were very enthusiastic and positive about the role they played in providing the outreach service. Each stated they were well supported through informal and formal supervision and had someone to talk to when issues arose. One of the workers stated that although she worked mostly on her own she did not feel isolated. The only training issue raised was with regard to refresher First Aid training and some training on mental health awareness.

Strengths of Service: Staff members were asked what they considered to be the main strengths of the pilot outreach service. The service was regarded as '*a model of day care without walls where the service is tailored to the needs of the individual as opposed to slotting people into a service*'. Staff also highlighted the:

- Flexibility of the service in meeting client need.
- Skills and experience of the existing staff team.
- Focus on social integration.

Future Developments: Given that the service was being run as a pilot, staff were cautious about discussing plans for future developments. Any developments mentioned were based on the understanding that existing funding would continue and further long-term funding was secured. Potential areas for development included:

- Publicising the service to attract more clients, particularly male clients.
- Employing a male project worker.
- Having a worker in post five days per week.
- Increasing contact hours with existing clients.
- Extending staff hours to facilitate evening and weekend contact with clients.

DISCUSSION

The aim of this evaluation was to identify good practice within the assertive outreach pilot service and to suggest ways to improve the quality of care provided. Overall, the evaluation was very positive indicating high levels of client satisfaction and significant improvements in client outcome. Some of the main findings are discussed below:

Client Satisfaction: Within any successful evaluation, the views of clients must be central. Therefore, the present evaluation sought the views of six of the clients using the assertive outreach service. Concern is often raised that individuals in receipt of mental health services report high levels of satisfaction (Elbeck and Fecteau, 1990). To ensure that an accurate reflection of the quality of service was obtained, clients were invited to take part in a semi-structured interview or focus group. Open-ended and follow-up questions allowed clients' experiences to be explored and enabled clients to raise issues important to them. The evaluation was not concerned solely with gauging clients' level of satisfaction, rather, with specific aspects of the service that were regarded as beneficial.

Overall, the views of individuals were predominately positive. Clients spoke warmly of their relationship with staff members and stated they enjoyed and benefited from the group and one-to-one activities. One only individual reported an aspect of the service she liked least (not being in the mood for a visit) but did not feel this could be changed. Such positive feedback from clients reflects very well on the quality of the service being provided.

Client Outcome: Measuring outcome is fundamentally important when assessing community mental health services. It provides evidence of the effectiveness of the service to purchasers, providers and users, and sets an agenda for future development. Clients were asked about the impact of the service on themselves and if they felt they had changed as a result of using the service. All but one individual felt a positive change had come about since using the service, expressed in terms of feeling more confident, socialising with others, being motivated and having a sense of achievement.

In addition to clients' perceptions on how the service had impacted on them, outcome was also assessed using the Life Skills Profile (LSP) with scores taken at baseline and six-month follow-up. There was a significant increase in clients' social contact and communication/interpersonal skills scores. Promoting and developing clients' social activity is an important aspect of a psychiatric rehabilitative programme, whether within the hospital setting or the community. Research has shown that individuals with greater and more satisfactory social activity tend to report that they have higher life satisfaction (Sullivan, 1992). An increase

in client's social activity and communication skills is a significant achievement only six months after the service has been in operation.

However, some degree of caution is required when interpreting the LSP findings, as the increase in scores cannot be solely attributed to the service being received. A wide range of other factors, not included as part of the pilot evaluation, may have been influential. In addition, it is important to note that the present evaluation allowed only for a snapshot of clients' social and behavioural functioning, whereas a longitudinal study would provide a more extensive measurement of client outcome (Okin et al, 1995). However, taking the increase in LSP scores in conjunction with clients' perceptions of how they had benefited as a direct result of using the service, serves to demonstrate the value of the service in meeting a chief objective, of promoting social activity and interpersonal skills.

Physical Exercise: MIND, the national mental health organisation, conducted a major survey highlighting the beneficial effects of physical activity on mental health. The findings are being used to encourage GP's to promote '*exercise on prescription*' and to call for increased provision of exercise facilities in psychiatric hospitals and day centres as part of treatment plans (Baker, 2001). Many of the clients using the assertive outreach service were involved in various aspects of physical activity. This included walking, swimming and taking part in a fitness class. This is an important aspect of the service fulfilling many different functions, namely engaging clients with community leisure facilities, maximising the benefits of engaging in physical activity and providing an opportunity for staff-client interaction. This aspect of the service should continue to be promoted amongst the client group.

Service for Males: The current pilot service is female focused, with the main project workers and almost all clients being female. Having a mostly female client group could be a reflection of the current client caseload and/or could be related to the fact that the staff members are female. Within a review of day care service in Scotland, it was found that services that had more female clients than men had a female manager, whereas those service with more men than women had a male manager. However, two services that had few female clients altered the gender balance by organising activities specifically for women with the result that the number of female attendees grew. (SWSI, 1995). The same principle could be applied to the Carrickfergus service, with the existing female staff focusing purposely on male activities in an attempt to attract and engage more male clients. An alternative solution is that a male project worker could be employed with the specific remit of offering the service to males within the catchment area.

Staffing: The commitment and skills of staff are key factors in supporting people with mental illness within the community (SWSI, 1995). One of the main strengths of the pilot service was the staff employed in the project, bringing to the service a wealth of experience and skill. Although the project is running initially on a pilot basis, the two project workers demonstrated a high level of commitment and enthusiasm for the work they were involved in. The project managers should continue to offer the high level of support, which the workers stated they received, to retain and build upon the highly valued staff team.

Without Walls Provision: The Carrickfergus pilot project is a model of day care provision 'without walls'. There are many advantages to this kind of service, chiefly the flexibility that such a model affords. Because the service operates 'without walls' clients are not confined to one building, rather they can frequent various community facilities. This 'out and about' aspect of the service was particularly valued by clients and has the distinct advantage of maximising clients' presence within their local community. Given that most of the work with clients is carried out on a one-to-one or small group basis, greater opportunity is available to tailor the service to the particular needs of each individual.

Conclusion: From the evaluation, the Carrickfergus Assertive Outreach Pilot Service is shown to be a highly valued service both by clients and staff and has played a role in developing clients' social and interpersonal skills. This is a notable achievement within the first six months of operation and demonstrates the value of the service in providing quality care to a traditionally 'hard to engage' client group. However, in order for the project to develop in areas such as engaging male clients, increasing client contact, expanding group activities and offering an 'out of hours' service, additional long term funding must become available.

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