

# Mental Health Prevention, Promotion, Treatment & Recovery within a Family Service Agency

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## Introduction

Drummond Street Services has had the privilege of providing Victoria's Family Mental Health Support Service Demonstration Project funded by FaHCSIA for the past three years. This has enabled us to implement a mental health 'lens' across all programs and services of our agency, including our: intake program (screening, information and referral); Counselling programs (Family Relationship Counselling, Queer Counselling, FMHSS Counselling); our seminars and group program (mental health promotion incorporated within all seminars and groups, and specific groups provided to build coping, and for family members impacted by mental illness); Youth Services; and African Family Program.

This Demonstration Project enabled us to build our Research and Evaluation capacity, and in November 2008 we implemented pre and post surveys across our Counselling Programs to gather client outcome data. Our counselling programs service individuals, couples and families, adults, young people and children, and where there is diagnosed mental illness in families, a free service is provided within the FMHSS. We work in collaboration with other specialist services including mental health treatment professionals where this is indicated. Results of our first wave of data analysis are presented below.

## Method

In conjunction with Deakin University via our collaborative Centre for Family Research and Evaluation (CFRE), we developed a survey utilising established standardized measures. Our survey was administered prior to the first counselling session and again after six sessions or at closure, whichever came first. The survey measured across four domains, as follows:

- Family Functioning- cohesion and conflict (18 items)
- Couple relationship functioning (7 items)
- Mental health and physical health symptoms (28 items and 5 items)
- Parenting and family relationship satisfaction (3 items regarding satisfaction with other carers, 7 items regarding emotional dependence on children, 4 items regarding parenting and family satisfaction)

## Results

A total of 386 surveys were completed and used to establish population characteristics, population comparisons across pre and post samples (Post hoc comparisons using Tukey HSD test), and to establish validity of scales. Pre and Post data for 59 clients was matched to examine changes for individuals within each of the domains, across time from pre to post (paired samples t-test). Measures used were found to have high levels of internal consistency, at both pre and post time points, and consistent with levels reported by scale developers, at levels of between 0.7 and 0.8, with the following exceptions: the measure of mental health had internal consistency above 0.9; the physical health scale was low at ~0.55 although when combined with mental health scale slightly increased internal consistency of overall mental and physical health scale by 0.1 to 0.93; and satisfaction with carers' scale was low at ~0.5. This gives us confidence, that with the exception of those with low internal consistency, the findings are reliable and valid.

Statistical analyses indicated the following results:

- Significant improvement in mental health and wellbeing- from clinical level to non-clinical level
- Significant improvements in family functioning -reduced conflict and increased cohesion
- Significant improvements in couple relationship functioning
- Significant reductions in physical health symptoms
- Mixed findings regarding parenting and family relationship satisfaction

## Conclusion

While community-based family service agencies such as Drummond Street are not mental health treatment services as such, the above results demonstrate our sector's potential to achieve client mental health outcomes via our focus on addressing the broader non-medical causes and impacts of mental health symptoms and illness within our community.

These results are exciting from a public health point of view, in terms of the capacity for agencies such as ours within the large federally funded Family Relationship Services Program, as well as other state and federal government funded family services, which are essentially universal services, to address mental illness across the spectrum (from promotion and prevention, to early intervention, treatment and recovery), for those who may otherwise not seek services and in particular for the high prevalence disorders of anxiety and depression. Our evaluation may be seen to demonstrate a ground breaking finding of 'family'-as-setting as a cost effective means of delivering mental health treatment.

We are in the process of analysing our second wave of data with a further 600 surveys, and we have plans to implement long-term follow evaluation in the future.

## Further Information

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