

## SPECIALIST RECREATION PROGRAM

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or  
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Recently, a participant was heard recounting with pride to a new Recreation Worker how the group had trained for and successfully completed the CSFR last year. A number of the participants now want to train and compete in other community events, such as the Bridges Fun Run and the Million Paws Walk. Some want to do the CSFR again so they can better their time. One person has started running as he would like to try running the CSFR in 2008.

The participating group bonded and worked together to achieve their goal. They improved their physical health, enjoyed themselves and felt very much part of a community. Preparing for the event took much time, planning and energy but the benefits for each person were well worth the effort.



Since completing the CSFR, other workers, colleagues, family and friends have expressed a desire to train and compete in the 2008 CSFR with Ruah Recreation. In 2007, on a wet winter's morning, seven people competed in the CSFR. In 2008, there may be a bigger representation aiming to better the 2007 time, so keep an eye out for us!

## Introduction

This booklet is one of a series of booklets created to celebrate Ruah's 15<sup>th</sup> year of mental health service provision. It provides an illustrated overview of the Specialist Recreation Program, which is in its ninth year of operation.

This booklet is dedicated to all those past and present participants and workers who have each contributed to the successful program Specialist Recreation is today.

## Specialist Recreation Origins

The Ruah Specialist Recreation Program emerged as a result of a developing recognition of the importance of the role recreation plays in the quality of life of people living with mental illness. Ruah Inreach Intensive and Local teams focus on holistic psychosocial support, which may include work around physical health and recreation. The Recreation Program differs in that it has a priority focus on physical activity and well-being of people living with mental illness, via recreation.

- 1999:** The Specialist Recreation Program started targeting people in the Avro (Subiaco) catchment area, with Health Department funding for one FTE.
- 2002:** The service contract was then extended in 2002 to private psychiatric hostels in the Lower North, with provision for an additional FTE.
- 2005:** Ruah made the decision to open up referrals to other Lower North Mental Health Services, including Osborne, Mirrabooka and Inner-city Mental Health Service.
- 2008:** The program today provides a service to the Lower North Mental Health Services and psychiatric hostels. It is still funded for two FTEs and has a team comprising four part-time workers, one being a peer support worker.

## Service Structure

The aim of Specialist Recreation is to facilitate access to, and participation in, recreation, leisure and social activities of choice; and provide an opportunity for more focussed, flexible, creative work with individuals. When used developmentally and in community settings it aims to contribute significantly to the rehabilitation and recovery journey.

The Program operates in two spheres:

- Community-based one-to-one recreation with tailored activities to suit individual needs. (Referrals are required for this service).
- Hostel-based group activities for young residents. (No referral is necessary).

Generally, individuals receive one-to-one support for 12 months. During this time, recreation is planned, monitored and reviewed. Participants are encouraged to develop skills and strategies to continue recreation in the community at the end of the direct service.



together a walk was recommended.

The fun run training regime began in June for the August event. Participants walked at a variety of venues (bush, beaches and parks); sometimes on flat terrain, other times on an incline. Twice a week the group walked up and down the Kokoda Trail at Kings Park and, as the time drew closer, sections of the CSFR route were walked as part of the preparation.

Initially people would exercise in their everyday clothes, which were often unsuitable for the activity or the weather, and few had adequate footwear. It soon became clear that this had to be addressed when the outing was organised.

The group went shopping together and visited several sports stores where people were fitted with comfortable, reasonably priced shoes. Improved footwear made an enormous difference as a number of people said they were experiencing fewer knee, shin, hip and back pains after wearing comfortable footwear.

Ruah Community Services donated a Ruah Inreach T-shirt to each participant and most wore these with pride on the day and still wear them when doing Recreation activities. Ruah Community Services also paid half the entry fee for each participant, and a Recreation group went to the convention Centre to collect the numbers and timing devices.



The HBF City to Surf Fun Run was held on Sunday 26<sup>th</sup> August 2007. Participants walked from St Georges Terrace in the Perth central business district to City Beach. It was a wet wintry morning when the seven participants met at a local train station at 6.30 am for an 8 am start. All seven completed the 12 kilometre walk and in less than three hours. Everyone received a commemorative medallion, certificate and photographs of themselves participating in the fun run. A picnic lunch was enjoyed at the end of the walk and travel back to the city organised.

Tom has mental health ups and downs despite the positive physical health outcomes and was recently hospitalised for several weeks. Tom was reasonably happy with this hospitalisation and feels comfortable about his current mental health.

When Tom became unwell, prior to giving up alcohol, the recreation service was about to conclude after a year's work, but due to the circumstances, it was decided Tom would stay with the program.



When back at surfing recently, while the worker was busy assisting a novice surfer, Tom called out: *"Did you see that wave I got?"* The worker hadn't and asked if it was a good one. Tom said *"Yeah, I stood up and I've had about five I've stood up on!"* His goal had been achieved.

### Happiness and Pride

A participant in a Recreation group mentioned one day that they had seen an advertisement on television for the City to Surf Fun Run (CSFR). That person had always wanted to do the fun run but never had anyone to do it with. Others said they would like to do it too, although they had some concerns about their abilities and fitness levels.

Another participant and the Recreation worker gathered more information about the CSFR and brought it to the group the following week. The group agreed that participating would have a number of benefits. For some, being involved in a large community event for the first time would be an exciting experience. It could also provide an added purpose to exercise, a sense of belonging to a focussed group, a social outing, a challenge, a goal and a sense of achievement.

Each participant had a diagnosed mental illness, which involved taking medication that affected their physical health in some way, such as fatigue, tiredness, weight gain or sun sensitivity. A number of participants also had significant physical health problems and nearly all were overweight. Much preparation would be required but all eagerly agreed to train together three times a week, and on the days they weren't training

### Service Eligibility

The criteria for one-to-one service include:

- Having a serious mental illness
- Living in a service area
- Being under 40 years of age
- Being prepared to participate in recreation activities regularly.

In the psychiatric hostels no formal referral is required. Workers liaise with hostel staff and give young residents the opportunity to participate in recreation; however, the choice is entirely their own and some do not take it up. If a person is interested, they are welcome to attend group activities.

### Model

The Ruah Inreach psychosocial service model principles and strategies inform Specialist Recreation work. In addition, there are some recreation-specific strategies and these include:

1. Flexible use of **small groups**, according to client needs
2. Avoiding reinforcing stigma by accessing **local community settings and increasing community links**, eg: Soccer in a community centre where locals participate as well, and using Police and Citizens clubs.
3. **Providing information** and education for specific recreation activities
4. Assistance in obtaining the **necessary equipment**, eg: surf board
5. Encouraging **self-motivation**, eg: recording weight loss.

### Program Practices

- Participants are supported to improve their physical health through regular exercise and a healthy diet, using resources available to the general population, such as the "Find Thirty" campaign and "Healthy Eating Pyramid."
- Individuals in the program usually receive treatment for mental illness from other services and often have other support services involved in their care; however, recreation team workers are open to discuss mental health issues with individuals.
- Individual participants begin with one-to-one activities. This enables them to get to know the worker, talk about their interests and plan

personal recreation activity.

- In time, a third person may join the initial one-to-one pair. The hope is that the individual will move on to join in group activities. Some people do this and others never join a group.
- Participants have the opportunity to attend multiple weekly activities, to meet each individual's needs for both regular physical activity and social contact.

## Group Activities

Group activities supplement the one-to-one contact and provide social contact, peer interaction, variety in recreation, and a means for people of similar fitness levels to get together for recreation.

Participants are encouraged to find and attend local community activities independently of the Recreation Program.



The social aspect of activities can be the most important thing in recreation, as many participants want to get out and meet others. In doing this, participants often build self-confidence, support one another, and can continue with regular healthy activity after Ruah.

Group activities are highly valued in the Specialist Recreation Program for a number of reasons. They bring the benefits of:

- higher intensity of physical activity, eg: soccer and indoor cricket
- peer support, eg: surfing buddies meeting independently to surf
- community interaction, eg: men joining the local indoor soccer
- skill development, eg: surfers increasing skills and buying boards/wet suits
- independent access, eg: participants getting themselves to weekly activities
- social skills development, eg: role modelling to each other, camaraderie
- leadership skill development, eg: helping others, organising activities

Surfing quickly became a weekly activity for Tom, alongside the Ruah workers and another participant. After some time, Tom decided to buy a better wetsuit as the one he had was too small and winter was approaching. Several surf shops were checked out and he bought his wetsuit from a WA surfing pioneer who had known him as a young man and sold him the wetsuit at a big discount. Tom then sold his old wetsuit to the other "surfing" participant and surfing continued in winter.

Despite Tom's efforts he was unable to stand on the surfboard and rode waves on his knees. He was keen to continue but wondered about changing to knee boarding as he feared that his physical limitations made surfing standing up unrealistic in the future.

Tom was also involved in social activities: bushwalking with Ruah, and other activities with Vincentcare. He cycled regularly on Fridays and built up from short distances to regularly cycling 20km in a morning. Tom also attended a Recreation gym group where he did a range of weight exercises.

Despite this activity Tom lost little weight (5kg). A significant health issue was Tom's alcohol consumption. He had given up drugs and cigarettes successfully but continued to drink regularly. He was told by his GP that he was likely to contract diabetes type two. Shortly after this, Tom said he was feeling very unwell mentally and that he needed to go to hospital. Together with the Recreation Worker, Tom spoke to various mental health professionals and had a mental state assessment. He was supported by Vincentcare and his older sister who liaised on his behalf. Tom didn't go to hospital but received additional short-term medication and was strongly advised to give up drinking. As Tom began to feel better, he became more motivated to give up alcohol.



In the four months since giving up alcohol, Tom has lost 20kg. He has changed his diet to low fat-foods and reduced his kilojoule intake. Tom looks slimmer and healthier. He is proud of himself and is committed to not drinking.

*kilometre City to Surf walk. I've tried aqua aerobics, boogie boarding, Frisbee and bushwalking. I regularly attend walking, swimming and cycling groups. I feel like I'm living life being involved in recreation."*



Ivan is still in a hostel, where he gets on well with staff and other residents. Ivan's future goals include visiting new places, losing more weight, increasing his fitness level so that he can participate in the high intensity bushwalking group, and trying new activities such as canoeing and golf.

### **“Did you see that wave I got”?**

Tom was referred to the Recreation Program when he was 43 years old. The program is usually available to people aged between 18 to 40, however Tom was very keen to be involved and had experience in a number of physical activities with other mental health services.

Tom had received Ruah Inreach psychosocial support seven years earlier when living in another area. This support concluded when he moved into a new two-bedroom townhouse through Vincentcare.

Physically, Tom is tall (over six feet) but overweight for his size (about 120kg). He had been involved in the “Live Life Healthy” program facilitated by the Community Recovery Program in conjunction with Inner City Mental Health Service. This program provided information about healthy eating and the benefits of physical activity. Tom also participated in the Vincentcare recreation program providing social and physical activities to residents.

When Tom was young he had been a keen surfer. Prior to joining Recreation he had saved and bought a new surfboard (\$700) so that he could take up the sport again. All this interest suggested that Tom was likely to be a committed, regular participant so there was no problem accepting him into the program.

In the Specialist Recreation Program, regular group activities include:

- Cycling or walking at Lake Monger, accessed by community members and other Ruah Inreach teams' clients.
- Indoor cricket or soccer - sometimes joined by local community participants.
- Bushwalking, often requiring two workers due to the high number of attendees and the need to manage risk.
- Surfing and participation in community events, such as the City to Surf fun run.

### **Challenges and Outcomes**

1. To have mental health service personnel appreciate the value of recreation as a tool for recovery.
2. To have Specialist Recreation Program participants appreciate the value of recreation as a tool for recovery, especially when they are unwell.
3. To appreciate each little step that people take towards recovery and persevere when participants don't know what they want.
4. To persevere with individuals who simply “aren't home” or cancel appointments week-after-week.
5. To persevere with group activities in which numbers of attendees vary from week-to-week.
6. To find creative, cheap forms of community recreation which will be accessible to people after exit from Ruah.
7. To retain workers who are flexible, resilient and patient, and who have life-saving skills and astute risk assessment and management skills.



The Recreation Program is seen as “successful” when:

- People decrease/give up smoking, lose weight, exercise regularly independently, return to study or work, and limit or cease drug use - all reflecting a change in attitude.
- A highly anxious person who was unable to go out joins a group.
- A person accesses groups independently after exit from the

program.

- People link into local community activities and continue to attend these after exit.
- Participants continue attending groups independently for a number of years.



These outcomes indicate that a positive change has occurred as a result of the opportunity provided. It is hoped that the participants have developed the skills and confidence to continue using recreation as a means to recovery.

### Specialist Recreation Client Data January 1999 - May 2008

<b>Total Clients</b>	<b>131</b>
<b>Male</b>	106
<b>Female</b>	25
<b>Diagnosis</b>	
Schizophrenic Disorder	87
Affective/Mood Disorder	31
Personality Disorder	5
Other	8
<b>Other Disability</b>	20
<b>Referral Source</b>	
Public Mental Health	98
Non Government Mental Health	16
Other	17
<b>Non-Australian Born</b>	18
<b>Aboriginal</b>	2

### “Life has been more exciting with Recreation”

Ivan grew up in Sydney and lived there until he was 26. At 24 he became unwell and was admitted to hospital with schizophrenia, where he stayed for 18 months. Prior to becoming mentally ill he was studying biology at university and helping care for his siblings.

Ivan came to Perth to escape family differences. He moved into cheap rental housing but wasn't there long. Ivan had stopped taking his medication and was hospitalised for two months. He was discharged to a psychiatric hostel for lone men. The hostel works closely with the Mental Health Department and 85-90% of the residents are case managed by Mental Health workers. Ivan said *“I used to do nothing, sit around and watch television. Days were kind of boring. Occasionally I went to Community Recovery Program.”*

Ivan is living with several physical conditions, including diabetes and asthma. His fitness has improved since joining the recreation program. When he started with Recreation he would become breathless, sweat heavily and tire after walking two or three kilometres. Now he comfortably walks seven kilometres. He interacts well with others who attend groups, and is more relaxed. Always willing to give a hand, he helps with carrying and setting up equipment. Despite having physical ailments, Ivan continues to attend recreation activities. He says his diabetes is well controlled and his blood sugar levels, monitored twice daily, have gone down since he joined the Recreation Program. He has lost weight and is more aware of his diet and food choices.

Ivan's favourite activity is walking. He finds it fun because he *“has a chat with the worker, is relaxed and sees nice things.”* He demonstrates admirable perseverance and commitment. Whatever the weather, Ivan wants to exercise and be involved with groups. Despite being unwell both physically and mentally, he never complains.

*“Life has been more exciting since being with recreation – I've got something to do. I get to try things, go places I might not otherwise have had a chance to. I've been to Rottneest, Dwellingup, on the Hotham Valley train trip, to Mandurah and Fremantle Prison. I completed the 12*

