

**The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred) and no references, tables, or figures. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or to Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (smgoldfingermd@aol.com).**

## **Adventure Camps for Young Adults and Adults With Mental Illness**

Advances in psychopharmacology improve symptom outcomes for young adults with mental illness. However, functioning and social participation can remain impaired. Alternative models, including outdoor adventure camping programs, encourage social and practical engagement and increase functioning, providing promise as adjuncts to traditional therapeutic treatments. Adventure therapy promotes positive changes through therapeutic group activities. The adventure component allows clients to engage in appropriate risk-taking behaviors, and the group context closely approximates social situations that may be encountered outside the program and support the premise that skills learned in this manner may be generalized beyond the program setting.

The Mental Health Access and Participation Project was conducted on the basis of this hypothesis by YMCA Victoria, which was supported by the State Government of Victoria via the Department of Planning and Community Development and Sport and Recreation Victoria. YMCA Australia, government representatives, local mental health agencies, and community providers were involved in the development of a four-day camping program aimed to enable participants to develop positive

identity, improve social competencies, and broaden supportive relationships. Camp activities were selected to provide positive, challenging, supportive, and meaningful experiences. Orygen Youth Health Research Centre was commissioned to evaluate outcomes of this adventure camping program specifically designed for young adults and adults with mental illness.

A total of 108 persons from mental health services across Victoria participated in and evaluated a total of 12 camps (run from 2007 to 2011). Five camps were for youths between the ages of 18 and 25, and seven were for ages 26 years or older. The evaluation had two goals: to determine camp impact on self-esteem, mastery, social competence, and quality of life of participating youths with mental illness and to capture participants' experiences of the program. Camps were run at YMCA-managed campsites. A range of structured activities were included—giant swing, low and high ropes courses, mountain biking, water activities, trust and fellowship activities, and so on—with the intent of facilitating positive identity, social competencies, and connectedness and of providing support. An evaluative questionnaire was administered at baseline before camp, after camp, and approximately four weeks postcamp.

There was significant change over time in terms of mastery ( $F=5.32$ ,  $df=2$  and  $142$ ,  $p=.006$ ), self-esteem ( $F=6.39$ ,  $df=2$  and  $144$ ,  $p=.002$ ), and social connectedness ( $F=8.33$ ,  $df=2$  and  $131$ ,  $p<.001$ ), with significant improvement in each characteristic from baseline to end of camp ( $p=.001$ ). Quantitative and qualitative information was also derived from a camp evaluation questionnaire. All activities were rated favorably, especially more challenging activities such as the low and high ropes courses and giant swing. Camp logistics, leaders, venue, and food were also very well received.

This study highlighted the collaborative work across sectors of state government, mental health programs, and community recreational services—a relationship relatively novel in

Australia—toward promoting social inclusion of youths and adults with mental illness. Data were collected for a large number of individuals of various backgrounds, disorders, and life stages. Across the total cohort, participation in the camping program resulted in significant improvements in mastery, connectedness, and self-esteem, as well as reports of better mental health, general medical health, well-being, confidence, teamwork and trust, and communication and interaction with others. The positive personal and social mastery and connecting experiences of the camping process have created a window of opportunity for the community mental health services involved. Offering follow-up programs for the participants may sustain these positive changes over a longer period. One participant offered this advice to others who may wish to participate in the camping program: "Have a go and really challenge yourself! Why? Because you will be amazed by how much you can really do!"

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## **Integrative Medicine Improves Mood in an Inpatient Setting**

As public mental health beds become scarce, the needs of the smaller number of people residing in these facilities have become more challenging and complex. Most evidence-based practices were neither developed nor validated with clinical samples having the complex patterns of comorbidity often seen in state psychiatric facilities. For example, a hospital clinician may be called to treat an individual with treatment-resistant schizophrenia who has also experienced an acquired brain injury, struggles with chronic pain, has abused narcotics for years, has experienced repeated traumas,

engages in aggressive behaviors, lacks family support, and has never been employed.

Evidence-based practices such as clozapine monotherapy, cognitive-behavioral therapy for schizophrenia, or cognitive remediation may be partially effective but insufficient to bring about symptom abatement, promote rehabilitative goals, and improve quality of life. Recently there has been an expansion of interest in alternative treatment methodologies, such as Eastern therapeutic and meditative techniques (tai chi, for example). These approaches are commonly referred to as complementary and alternative medicine (CAM). We report on our hospital's effort to incorporate alternative therapeutic interventions to address the treatment and rehabilitative needs of the men and women in our care.

Connecticut Valley Hospital is a 600-bed facility providing tertiary care in the fields of addiction medicine, forensics, and acute and rehabilitation psychiatry to men and women ages 18 to 90. A self-selected group of 30 patients from this population attended one of two groups. Over the course of 13 sessions between January and April 2010, both groups were exposed to several types of CAM: qigong, yoga, tai chi, vibrational healing

(relaxation assisted by vibrations generated by a Tibetan prayer bowl), seated meditation, guided imagery, and aromatherapy.

A description of each practice and its application is beyond the scope of this report, but we discuss our use of yoga as an example here. Each yoga session began with ten minutes of warm-up stretches, followed by more challenging stretches, poses, vinyasas (postures in a flow sequence), and balancing postures. The leaders started each group by explaining the mood and stress ratings and requesting all patients to rate their mood and stress at that time. Choices were offered concerning session content ("Do you want to do gentle stretching today or a real workout?"). Each session lasted 40 minutes and closed with a relaxation known as shavasana, a pose that allows the body a chance to regroup after exertion from the more difficult postures. During this technique, group members lay still on their mats and relaxed, noting any difference in how they felt and experienced their bodies since the session's beginning. After the shavasana, all members chanted "Namaste" ("The light in me reflects the light") with their hands in prayer pose; group members again rated their mood and stress level.

Most individuals who participated in the various CAM sessions rated themselves as calmer and in better moods after the sessions. For example, after a memorable session of qigong, one participant commented that he went from feeling "bland" to "I could take over the world! Ten out of ten!" Although such anecdotal reports need to be interpreted cautiously, they suggest that CAM can provide individuals who are coping with severe psychopathology with an adjunct to traditional treatment modalities.

Further research will examine whether CAM improves outcome in the care of individuals with severe psychiatric disabilities. It would be useful to ascertain which CAM treatments are most effective and whether improvements that affect discharge from the hospital are possible as a result of systematically applying a particular CAM.

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