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Mental Health Relapse Prevention: What Does the Research Say?

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Introduction

This Capstone Project researches evidenced-based literature in the area of mental health relapse prevention planning. The literature review explored best practices in providing mental health relapse prevention interventions and identified research study outcomes. The South Central Crisis Center of Mankato provides residential sub-acute care, day treatment, intervention, educational, and psychiatric urgent care to individuals that identify mental health issues as their primary concern (South Central Crisis Center, 2003). Within the 10 bed facility, clients participate in psycho-social educational groups and receive individual clinical services. Prior to discharge clients meet with the mental health professional to complete an In Home Treatment Plan. This plan contains aftercare appointments, demographic information and several components of a relapse prevention plan.

Method

Research was completed to identify components of Evidenced-based relapse prevention models. Initially, on the Minnesota Department of Health Barr Library system specifically using the psychology search engines (i.e. Psych Info) this researcher entered the subject’s key words or phases such as mental health relapse prevention planning. Four models were chosen to analyze: Assertive Community Treatment (ACT) Illness Management and Recovery (IMR), Wellness Recovery Action Planning (WRAP) and Re-engineered Discharge Planning (RED). Contact with the Boston Medical Center Corporation was made to request a copy of the RED Training Manual. The IMR Curriculum (Tool Kit) was obtained from Ms. Penny Hogberg. IMR Coordinator for Minnesota State Operated Services, Department of Human Services. The Substance Abuse and Mental Health Services Association website was accessed to download the Accessible Community Treatment Implementation Toolkit.

Literature Review

Assertive Community Treatment (ACT)

ACT is a methodology of delivering comprehensive and effective services to consumers who have needs that have not been well met by traditional approaches. At the heart of ACT is a transdisciplinary team of 10 to 12 practitioners who provide highly individualized services to about 100 people. ACT teams directly deliver services to consumers instead of brokering services from other providers and collaborate on assessments, treatment planning, and day-to-day interventions. The intensive case management provided through ACT programs has been more effective than regular case management services—decreasing the number of hospital episodes per patient and consequently total hospital days per year (Bond, Drake, Mueser, & Latimer, 1990).

Illness Management and Recovery (IMR)

IMR is a model designed to help people pursue recovery goals and learn to successfully manage their illness. Practitioners use a combination of motivational, educational and cognitive-behavioral strategies to help people acquire the skills and all participants identify personally meaningful recovery goals. Illness management strategies are based on specific evidence-based practices including education, relapse prevention training, behavioral self-tailing for medication (for people who choose to take medications), and coping skills training.

Wellness Recovery Action Planning (WRAP)

WRAP is a program in which participants identify internal and external resources for facilitating recovery, and then use these tools to create their own, individualized plan for successful living (Copeland, 2002). The creation of a WRAP plan begins with the development of a personal Wellness Tool Box, consisting of an organized self-management strategy (Copeland, 2004). The plan includes identification of “early warning signs” of symptom exacerbation or crisis, and how the Toolbox can help people to manage life events. WRAP also encourages people to plan for a crisis as well as a post-crisis plan for recovery. WRAP educators are taught to avoid talking directly about psychiatric diagnoses or using medical or illness-oriented language to frame people's needs (Copeland, 2000). WRAP encourages people to move beyond simply managing symptoms to building a meaningful life in the community.

Re-engineered Discharge Planning (RED)

At Boston Medical Center the Quality Management Department analyzed patient data from 2003-2004 and identified that almost 20% of discharged patients readmitted within 30 days (Greenwald, 2007; Jack et al., 2009). Communication between the multiple providers, before, during, and after the hospitalization was often inconsistent and problematic (Jack et al., 2008). Principles and components of the Re-Engineered Discharge (RED) include a set of 11 distinct components that prepare patients for discharge. Three tools were created: (1) a training manual used to train discharge nurses to provide the RED; (2) an individualized, patient-friendly “After Hospital Care Plan” (AHCP), and 3) a booklet used to prepare patients for discharge. It was hypothesized that a discharge plan can provide education; assist with transportation arrangements for appointments in the community and reinforce the After Hospital Care Plan. The AHCP included WRAP materials that were adapted to the patient’s literacy level and that discharge materials contained visual aids to assist in medication management.

Components of Relapse Prevention Models

<table>
<thead>
<tr>
<th>Component</th>
<th>Education</th>
<th>Psychosocial</th>
<th>Medication</th>
<th>Case Management</th>
<th>Cognitive Behavioral</th>
<th>Implementation in Rural Communities</th>
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<td>Yes</td>
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<td>WRAP</td>
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<td>RED</td>
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Findings

- Studies of relapse prevention programs which teach the early warning signs of relapse are associated with better outcomes, including fewer relapses and rehospitalizations and lower treatment costs (Novacek & Ruskain, 1998; Bond et al., 2001; Torrey et al., 2001).
- Illness management skills, ranging from greater knowledge of psychiatric illness and its treatment to coping skills and relapse prevention strategies, play a critical role in people’s recovery from mental illness (Cook, 2009).
- Research on illness management has thus far focused on programs developed and run by professionals. Similar research on peer-based illness self-management programs may inform professional-based services and lead to collaborative efforts (Cook et al., 2009).
- While early research studies centered on program implementation more recent studies have focused on measuring consumer outcomes. Preliminary results have identified improved consumer outcomes relevant to recovery, such as illness management, hope and satisfaction with services (Salyers et al., 2009).
- Future research on the process of case management, which documents staff qualities, organizational and service characteristics, combined with client outcome evaluation, would have a great importance in the development of mental health system which is responsive to the needs of people with serious mental illness (Kuro et al., 1999).

References

References are available from the author upon request