



**The impact of
Teaching
Illness Management
to
Psychiatric In-patients**
A one-year follow-up

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TRIP



奇異
自助之旅

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TRIP 奇異自助之旅

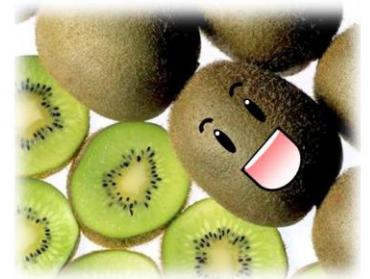
Transforming Relapse and
Instilling Prosperity

activity-based occupational therapy

illness management group

for psychiatric in-patient

Training Manual of TRIP Program

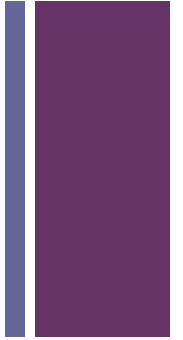


職業治療精神健康自助課程

奇異自助之旅



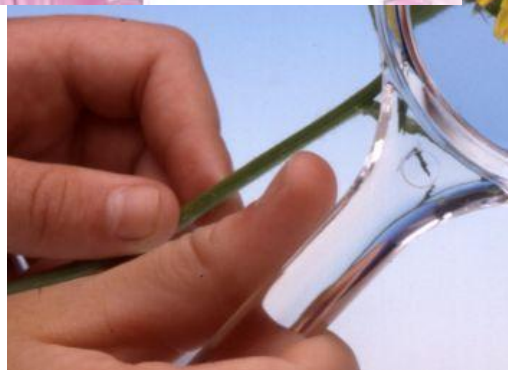
Outline



1. Background and program development
2. The study outcome
3. The implication on future service

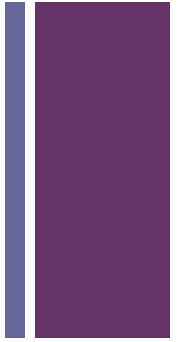


Imagine yourself as a psychotic
patient admitted to hospital...
Congratulation!
You can discharge!



+ Little chance to:

- make sense of what happens
- have holistic view of your illness, treatment, prognosis and rehabilitation
- talk about your worries, life goals and future
- learn to help yourself recover



+ Relapse of Severe Mental Illness

Almon et al (2004), Kazadi et al (2008), Suzuki et al (2008)

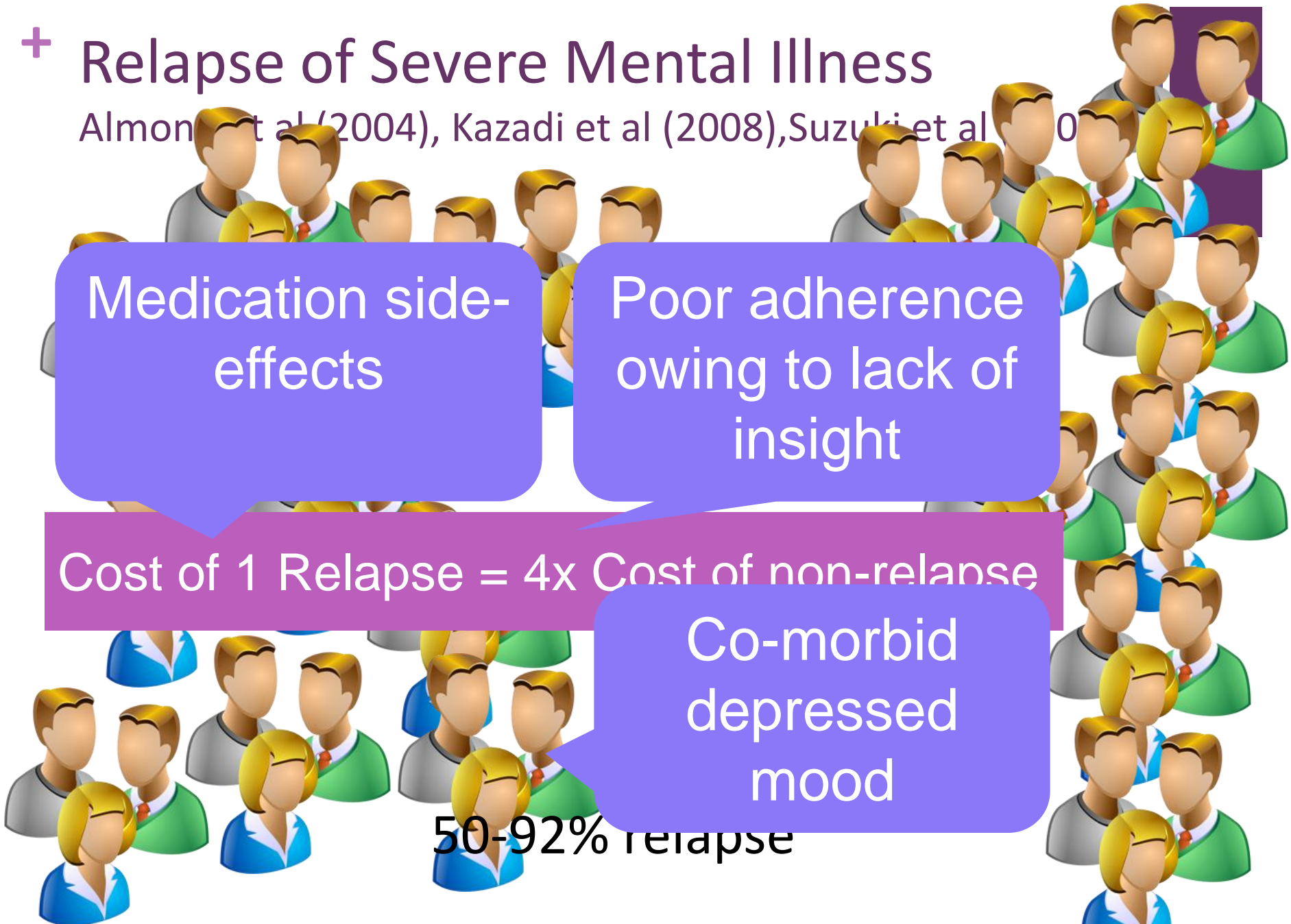
Medication side-effects

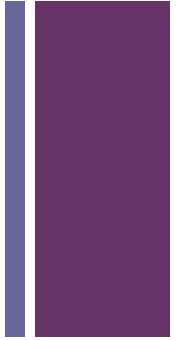
Poor adherence owing to lack of insight

Cost of 1 Relapse = 4x Cost of non-relapse

Co-morbid depressed mood

50-92% relapse





Evidence :

Illness Management and Psycho-education

- a higher level of compliance
- lower rate of relapse
- improved psychopathological status

Pekkala et al (2002), Bäuml et al (2006), Xia et al (2011)

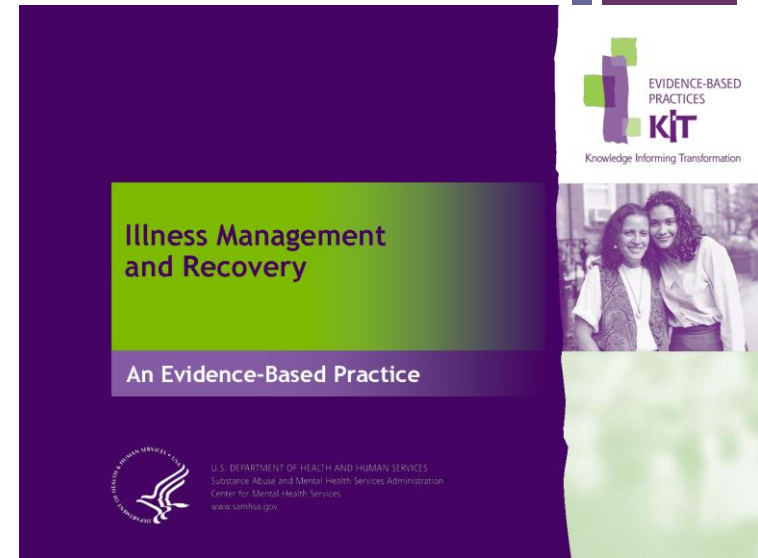


Program : Illness Management and Recovery IMR

Implementation Resource Kit

The National Registry of Evidence-based Programs and Practices (NREPP) tool kit

Substance Abuse and Mental Health Services Administration [SAMHSA]



9 curriculums

Weekly session for 9 months



Can we apply to HK in-patient setting?

2007 First version of TRIP (10 sessions)

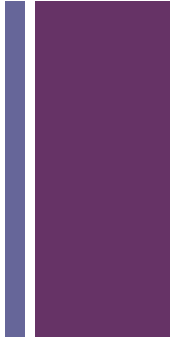
by Chan et al (2007) in PYNEH

- Better insight
- Awareness of health
- Lower readmission

2010 implement in all in-patient setting in HK

- Short length of stay (Four session version)
- Mental and Psychological state of in-patients





Content

Four sessions

1. Introduction to mental illness and treatment
2. Understanding sign and symptoms
3. Relapse prevention
4. Healthy life style





Approach

interactive, sharing and less preaching



Activity based



Group

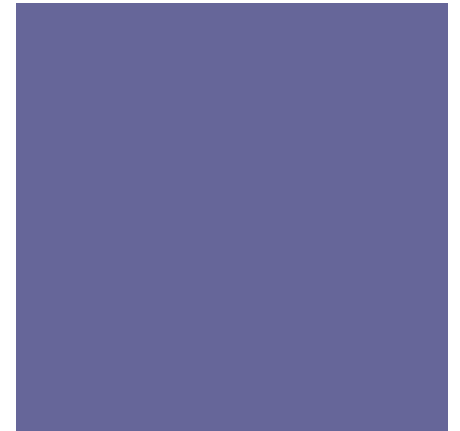


Homework



A multi-centre double-blind randomized controlled clinical trial of TRIP

by
Acute Adult Psychiatry Task Group,
Mental Health Specialty Group,
Occupational Therapy Coordinated Committee





Study Design

Inclusion :
Adult Psychotic In-patient
Settle in OT



Exclusion :
SA/ Alcoholism
IQ below 70
will D/C soon



Pre-assessment

Study Group
TRIP + OT as usual

Randomization

Control Group
OT as usual

Patient  Post-assessment  Assessor

3 month FU assessment

1 year FU assessment



Outcome Measures



- Scale to Assess Unawareness of Mental Disorder (SUMD)
- General Happiness Scale (GHS)
- Illness Management and Recovery Scale (IMRS)
- Culture Free Self Esteem Inventory – HK Version (CFSEI-HK)
- Client satisfaction survey



A multi-centre
double-blind
randomized controlled
clinical trial of
TRIP



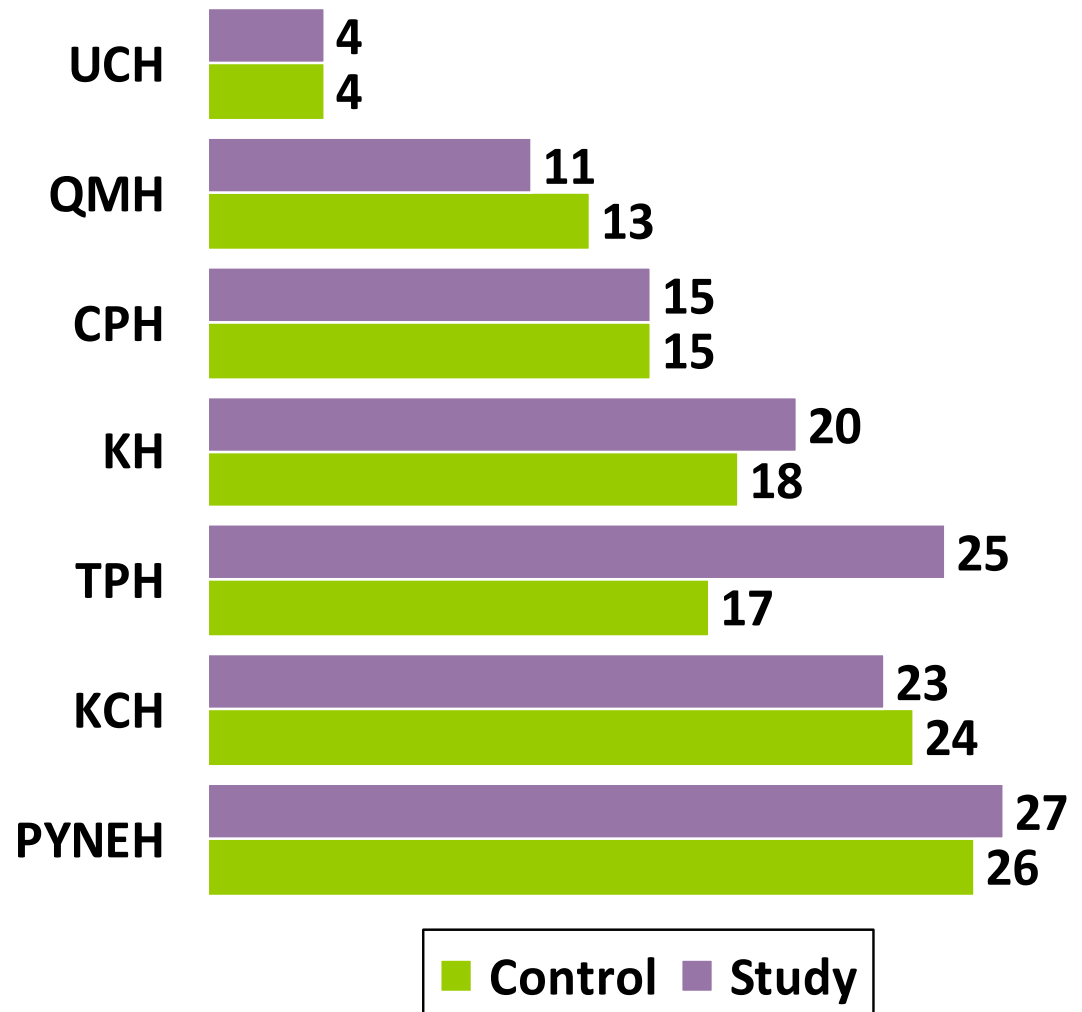
Results



Total Cases : 243

Control : 118

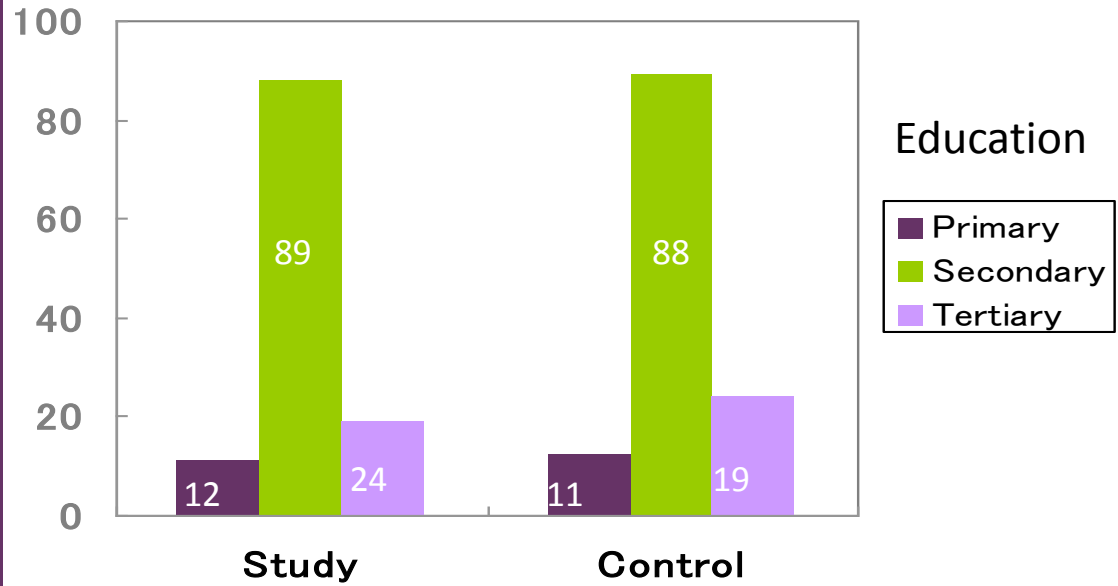
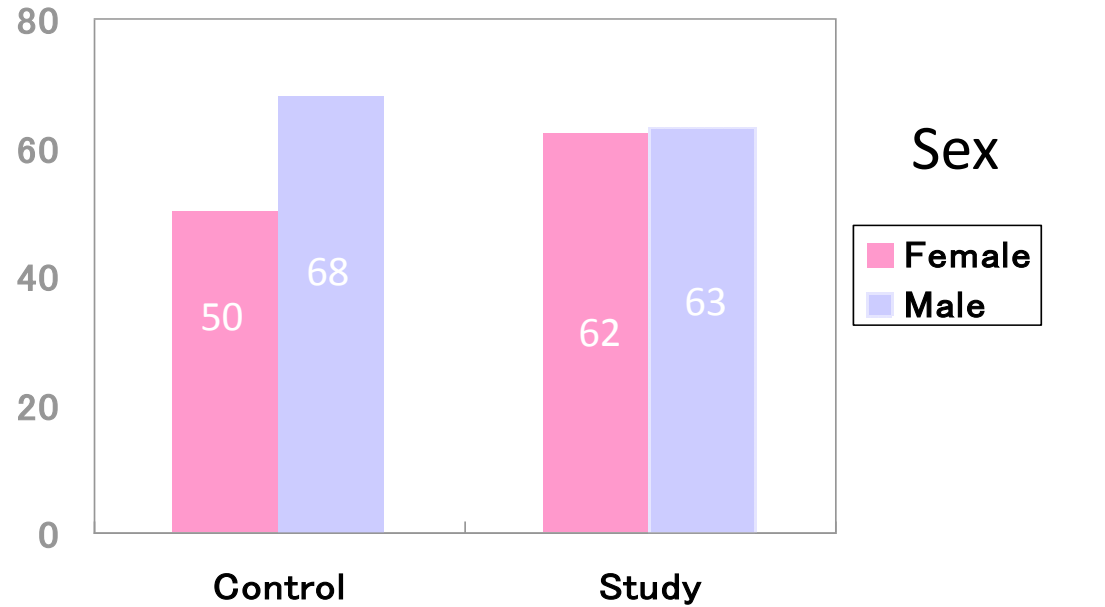
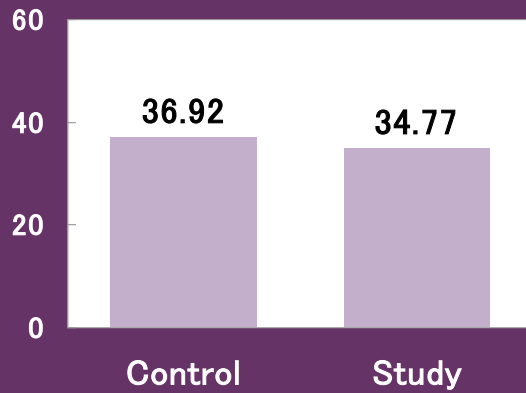
Study : 125





Demographics 1

Age





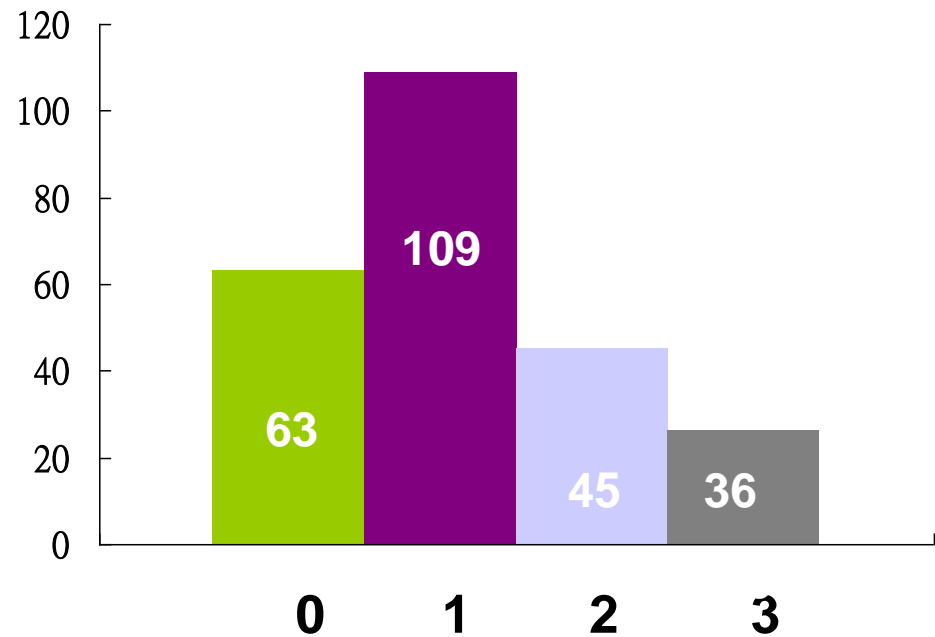
Demographics 2

Previous Admissions

Mean previous admission

Control : 1.25

Study : 1.04







Outcome

All assessments

	Immediately after	3 month after	12 months after
Study (N)	117	101	60
Control (N)	125	107	72





Assessment			
SUMD			
GHS			
IMRS			
CF-SEI			



Outcome

Illness Management Recovery Skills (Repeated measures of AVNOVA)



	Immediately after	3 month after	12 months after
Illness management and Recovery Skills (overall)			
	F=6.130, p=.014	F=3.923, p=.021	
IMRS Sub-items			
Relapse prevention planning 	F=9.130, p=.003	F=6.720, p=.001	F=4.263, p=.006
Knowledge 	F=6.671, p=.010	F=3.432, p=.033	
Time in structured role 	F=4.587, p=.033)		
Functioning affected by alcohol 	F=5.277, p=.023		



Is the 4 session
TRIP
program useful?



Summary of results



TRIP



Improve Overall illness management competency immediately and 3 months after TRIP in the study group

After 3 months,
Knowledge on mental illness and relapse prevention planning can be retained

+

TRIP



...after 12 months,
relapse prevention planning is still
significantly different in the study
group





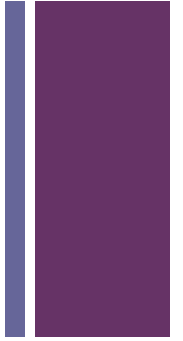
A first episode patient,



“I thought my family sent me to hospital because they don’t want to take care of me. But now I know I was sick and they made so much effort to help me.”

+

A patient of MI for over 10 years



“I just noticed that overspending is my symptom. I thought I had been a bad guy.”

AH HA!

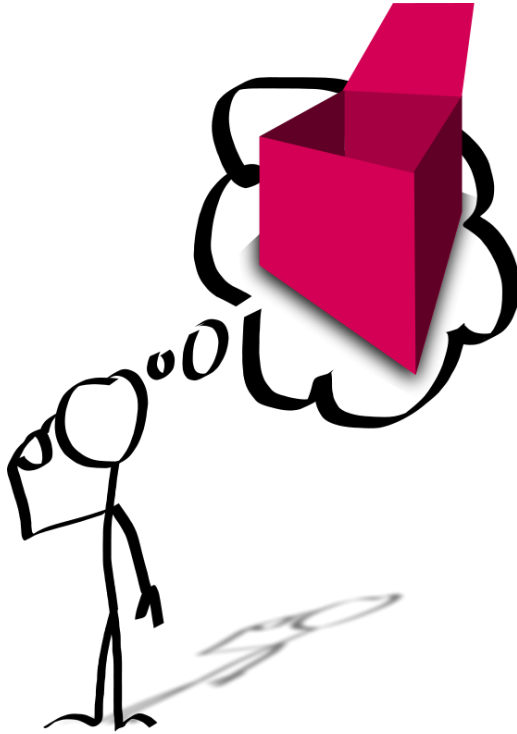


How much can
you recall from
HA Convention
2012

Any change in
how you think
and behave?

Hospital Authority Convention 2012
2012 醫院管理局研討大會

2012
協作同心
匯聚社群
- Ho, J. Kenny



Knowledge

Attitude

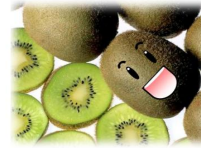
Thinking Habit

Behaviour

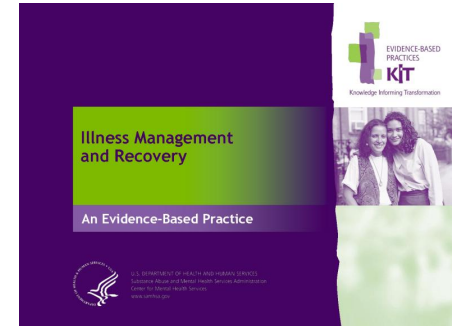


A four session program resulting in significant difference in Relapse Prevention Plan

Training Manual of TRIP Program



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Conclusion



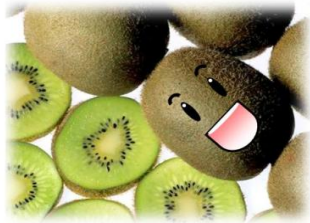
- TRIP applied in in-patient setting is useful in empowering our patient in their illness management by influencing their relapse prevention plan. The effect can be retained after 1 year of the program.



Showing...



Training Manual of TRIP Program



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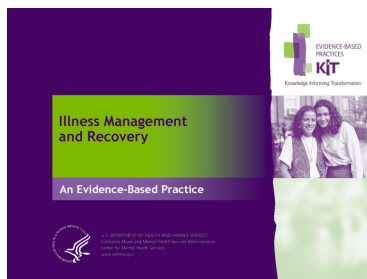
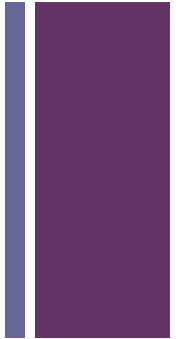
TRIP

- Regular OT program for in-patient
- Enhance strategies for retention of relapse prevention plan



Next...

More comprehensive illness management strategies might need to be reinforced by more intensive program in the ambulatory service



IMR

- IMR translated and pilot in ambulatory setting
- Study the effectiveness
- Involve consumers as mentor in implementing the program



+

Coming... Relapse Prevention Tool Kit

Co-morbid
depressed
mood

Medication
side-effects

Poor
adherence
owing to lack
of insight



Physical Activation



Five ways to Wellbeing
樂天生活在五常



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Thanks for not...





Readmission and OPD follow-up

	Study	Control
Readmission		
Cases traced	123	114
Mean readmission	1.23	1.28
Readmission days (range)	85.70 (2-331)	95.88(7-348)
OPD follow up		
Cases traced	70	65
Defaulter	12 (17.14%)	18(27.69%)
Compliance of defaulters	82.35%	65.86%
Overall compliance	96.97%	90.55%