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

June Chao, SOT, QMH
Siegfrid Lee, OTI, PYNEH
Tony Huang, OTII, CPH
Odelia Yeung, SOT, KCH

Tony Leung, OTI, KH
Larry Lee, OTI, TPH
Ken U, OTI, KCH
Eric Kan, OTII, UCH
TRIP 奇異自助之旅

Transforming Relapse and Instilling Prosperity

activity-based occupational therapy

illness management group

for psychiatric in-patient
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...

Congratulations!
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

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

50-92% relapse

Medication side-effects
Poor adherence owing to lack of insight

Co-morbid depressed mood
Evidence:
Illness Management and Psycho-education

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

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
Total Cases: 243
Control: 118
Study: 125

- UCH: 4 Control, 11 Study
- QMH: 13 Control, 15 Study
- CPH: 15 Control, 15 Study
- KH: 18 Control, 20 Study
- TPH: 17 Control, 25 Study
- KCH: 24 Control, 23 Study
- PYNEH: 26 Control, 27 Study
Previous Admissions

Mean previous admission
Control : 1.25
Study   : 1.04
## Outcome

### All assessments

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Immediately after</th>
<th>3 month after</th>
<th>12 months after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study (N)</td>
<td>117</td>
<td>101</td>
<td>60</td>
</tr>
<tr>
<td>Control (N)</td>
<td>125</td>
<td>107</td>
<td>72</td>
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</tbody>
</table>

### Assessment Details

- **SUMD**: Not specified
- **GHS**: Not specified
- **IMRS**: Checkmark at 3 months and 12 months
- **CF-SEI**: Not specified
## Outcome

### Illness Management Recovery Skills (Repeated measures of AVNOVA)

<table>
<thead>
<tr>
<th></th>
<th>Immediately after</th>
<th>3 month after</th>
<th>12 months after</th>
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<tbody>
<tr>
<td>Illness management and Recovery Skills (overall)</td>
<td></td>
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<tr>
<td>F=6.130, p=.014</td>
<td>F=3.923, p=.021</td>
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<tr>
<td>IMBS Sub-items</td>
<td></td>
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<tr>
<td>Knowledge</td>
<td>F=6.671, p=.010</td>
<td>F=3.432, p=.033</td>
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<tr>
<td>Time in structured role</td>
<td>F=4.587, p=.033)</td>
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<tr>
<td>Functioning affected by alcohol</td>
<td>F=5.277, p=.023</td>
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</table>
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
...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?
Knowledge
Attitude
Thinking Habit
Behaviour
A four session program resulting in significant difference in Relapse Prevention Plan
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.
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

- Medication side-effects
- Poor adherence owing to lack of insight
- Co-morbid depressed mood

Five ways to Wellbeing

Physical Activation
References


References


Thanks for not...
# Readmission and OPD follow-up

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