



A Guide to Keeping Healthy After the Hospital

Instructions for Facilitators

The **Guide to Keeping Healthy after the Hospital** was developed to assist consumers in identifying internal and external resources for supporting recovery. One reason for a booklet like this is that 60-70 percent of premature deaths among people with psychiatric disabilities are avoidable. A second reason is the pervasive issues that co-occurring mental health and substance abuse disorders present. Studies show that self-management – or a person’s determination to get better, manage his/her illness (which includes managing physical well being and any concurrent substance use), take action, face problems, and make choices – facilitates recovery. In fact, it can be argued that self-management of illnesses is at the heart of person-centered care.

The underlying tenets in the booklet are adopted from models such as the stages of change and motivational interviewing, the illness management material that SAMHSA has published, the Wellness Self Management material from NY State OMH, the concept of disease management used in medicine, and principles and practices of psychiatric rehabilitation and person-centered care, to mention just a few (see references and resources). The intention is to help consumers understand and hopefully resolve some of their conflicts and ambivalence about attending to their own health (mental and physical) in a non-judgmental way. It teaches consumers that it is normal to feel conflicted about change. The booklet also encourages consumers to think about why they are in the hospital, how they can leave safely, and how they can stay out of the hospital. The overall intention here is to promote a sense of responsibility for their recovery and feelings of control over their destiny, and at the very least, control over their treatment.

The implementation of the booklet becomes a shared experience between the consumer and staff. Hopefully, this tool will provide for some interesting and meaningful discussions that will solidify relationships on the unit and perhaps even make the work of staff more rewarding.

The **Guide to Keeping Healthy after the Hospital** addresses three areas: Mental Health, Physical Health and Alcohol and Substance Abuse. More often than not, our consumers present for treatment with a combination of at least two of these issues. It is hoped that by working through this booklet, either in a group, with a facilitator/clinician, or alone, the consumer will feel a bit more motivated to take some measures toward better health. The material is meant to introduce certain recovery concepts during a short, inpatient stay -- it's meant to jump start a process. Hopefully, the consumers will find the right resources after hospitalization that will further their rehabilitation and recovery in a meaningful way.

The Guide also becomes a small manual that consumers will take home with them. It can be used as something to refer to often, or never again – in any case, each booklet is intended to be a personal sort of diary reflective of each person's hopes and strengths.

After the “Introduction,” there is a section called, “Before You Begin.” This is followed by three pages: “Background Information (Part 1),” “Current Information (Part 1)” and “Future Information (Part 1).” The intention here is to ask consumers some questions about what brought them to the hospital at this time, and to elicit their ideas about what they will need to do, think and/or feel to be safely discharged and also how to maintain health and safety after the hospital. These three questions are asked again, further into the person's stay in the hospital (see below). It is hoped that consumers will have made some shifts in their thinking and demonstrate a level of knowledge and insight reflective of their education and treatment with the hospital team.

Thoughts and Facts

This **Guide to Keeping Healthy after the Hospital** begins by noting some “Thoughts and Facts” about recovery, employment, medication, and physical illness. These messages are intended to bring hope and at the same time create some concern about their physical well being.

Tools & Definitions

The booklet then provides “Some Useful Terms.” These words are used throughout this guide as well as within consumer communities and among providers. Consumers should have a working knowledge of these words, as they represent key concepts about taking care of themselves and their overall health and well-being.

Stages of Change

The “Stages of Change” are then outlined with examples to which the consumer will hopefully relate. The intention is to help consumers better understand that they do not always have to be totally ready to change, and that a person usually falls within a spectrum of readiness to change. Once consumers identify their place on the spectrum of change, this information may help them be more involved in their recovery process. The clinician, after knowing the stage of change for a consumer’s particular issue, is also better able to match certain interventions to the consumer’s readiness to change stage, increasing the likelihood that the consumer will benefit from the intervention.

If the consumer is not understanding or acknowledging that he/she has a mental illness or in fact does not, for example, consider smoking an issue, then insisting that he/she does and insisting on immediate change, is quite futile. Instead, clinicians would be more inclined to form their interventions in a way that the consumer can absorb (rolling with resistance). For example, if a consumer is denying that smoking is a problem and has no intention of changing, basic information about how smoking generally relates to heart and lung disease would be more effective than insisting that he/she gives up smoking for good. Getting a person emotionally connected to the issue, for example, showing a movie where a mother is suffering from emphysema due to her smoking, and the effect this has on the family is another way to encourage change without increasing resistance or a defensive stance. Encouraging consumers to talk about their goals and current behaviors will allow them to see the contradiction between the two, creating cognitive dissonance. This type of counseling intervention has proven to be effective in helping to resolve ambivalence.

Again, to use the stages of change is to help normalize ambivalence, and help clinicians defuse the rather judgmental concepts of “resistant,” “non-compliant,” and in a “state of denial.”

“Recovery is a deeply personal, unique process of changing one’s attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of psychiatric disability.”
(Anthony, 1993)

Recovery Pros and Cons

The booklet goes further to ask the consumer about the costs and benefits of both changing behavior and not changing. This type of exercise helps consumers recognize that, in fact, they may get some sort of reward, even by maintaining a behavior which may be considered unhealthy. It will be helpful if consumers fully understand the pros and cons of both keeping their behaviors and changing them. We want consumers to understand those ideas, so that they will know what they’re up against. Hopefully, the decisional balance will fall more toward the benefits of changing, but, at times, it will not. The facilitator is important here in helping the consumer come up with simple ideas and writing them in the matrix. Since this exercise is using cognitions, the facilitator may need to explain and coach the consumer as to the meaning of each cell in the matrix. The facilitator can then summarize each consumer’s work by noting that there will always be a reason to stay the same, but the intention is to help consumers give more weight to those reasons for changing. The facilitator can use this exercise in group as fertile discussion material.

Consumers will have the opportunity to indicate where they are on the spectrum (ruler) of change – “not prepared to change” through to “already changed.” This exercise helps to illustrate how consumers may be ready to address their mental illness issues, for instance, but not as ready to address other issues. The facilitator, then, encourages consumers to write a couple of actions that they could comfortably make at the present moment, which in turn may help them move upward in the scale – most likely toward action to change – in some cases toward maintaining their positive status. These actions should be simple and readily achievable, and not dependent on the clinician providing intervention.

For example, if a consumer circles a “2” on the ruler of change for mental health recovery, a step that might help him/her move a bit toward a “3” or “4” might be to: “ask my family what they think about me being in the hospital” or “ask my family how they feel about me when I don’t take my meds” or “ask my peers if there are any things I can do to not hear voices other than take medication,” etc. The important thing here is that the consumer is thinking about where he/she stands now, what small step he/she can take toward resolving ambivalence, and eventually gaining control over decisions regarding his/her mental health.

Background, Current and Future Information (Part 2)

The booklet then moves toward helping consumers take even more charge of their circumstances. As mentioned earlier, the guide asks for reasons why the person is in the hospital now – encouraging insight into the thoughts, feelings or behaviors that, either led to, or precipitated a reoccurrence of his/her illness and/or substance use. The intention here is not to blame the consumers for being ill, but to help them better understand their illness/es and begin to feel that they have some mastery over it/them.

They are then asked to consider what is occurring at the present moment to help them feel prepared to leave the hospital. The intention here is to have consumers focus on the here and now, to take into account the progress they may have made, the help they have been given, the friends they’ve made, etc. It is to bolster a sense of confidence to return to the community and to further their belief that recovery is possible.

Finally, consumers are asked to consider how they can continue to attend to their health, and in fact, stay out of the hospital. It provides a brief opportunity to make some wellness plans – noting supports they will call upon and lifestyle activities they will engage in that promote health.

Upon completion of this section, the facilitator can prompt the consumers to compare their answers now with those previously answered when they first came into the hospital, and discuss the changes in answers.

Sensory Modulation Tools

Most all of HHC's inpatient units have the capacity to teach consumers about how to manage their moods through sensory modulation tools and methods. They are taught the power of self soothing through the use of music, quiet space, diverting attention with exercise, stress balls or holding a weighted stuffed animal. The idea is that through seeing, smelling and touching distressing moods can be shifted to calmness. These methods can be applied effectively throughout one's life.

Tips to Manage My Mental Illness, My Physical Health and to Stay Drug Free and Sober

The tips to manage mental and physical health, and to maintain a substance-free lifestyle, are talking points for a group and/or individual counseling session. Consumers may add their own tips to the lists.

Creating My Personal Health Plan

"Creating My Personal Health Plan" helps consumers anticipate concrete ways to address the recurrence of illness and/or substance use. It encourages consumers to think about what they want to do in the event of illness and/or substance use, who they should call, what could help them, and, in fact, what they do not want to happen if they get sick. The intention here is to help consumers feel more in control of their lives by preparing for a worse case scenario and by making some decisions ahead of time based on their wishes, like choosing a particular friend to take care of business-matters in the event that a crisis emerges, rather than having decisions imposed on them.

My Medical, Mental Health and Alcohol and Substance Use Concerns

A very important piece of these exercises is to be certain about which doctors and/or clinicians the consumers need to see after the hospital and for what reason. They should also list some immediate goals they may have in relation to a particular concern, and to keep track of the medications they are currently taking. Facilitators will, of course, encourage consumers to manage this information on an on-going basis – perhaps getting the opportunity in outpatient settings, to do the exercises in Mary Ellen Copeland's Wellness Recovery Action Plan™ (WRAP) booklet which goes into more detail about wellness self-management. However, to encourage follow-up to appointments for after the hospital, immediate appointments should be written in the booklet.

Helpful Numbers

There are some helpful numbers that the consumer may refer to. They include both national and local resources. Consumers may need to be told that these numbers may change but often the national numbers do not and can serve as the first call, to get the local number. These resources will serve to augment a more complete listing that you as staff provide as part of your usual practice.

Get It from the Internet

And lastly, there are valuable resources available through the internet. Consumers should be encouraged to use their own personal computer or access some of these sites using the computers at their local library. The links provide workbooks to, for example, develop life plans and provides wellness and recovery tools.

The Portable Health Plan

The entire booklet is the consumer's property and should be taken home with him/her. Related to the booklet is a pocket-sized plan that the consumer should fill out and carry with him/her. The information will be very useful if the consumer ever needs crisis services.

References & Resources

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Contact Person:

Gita Enders, MA, CPRP
Associate Director, Consumer Affairs Coordinator
NYC Health + Hospitals
Office of Behavioral Health
125 Worth Street, Room 424, NY, NY 10013
212-788-3524

gita.enders@nychhc.org