

Mental Health: Relapse & recovery

Any treatment option needs to be a partnership

Targeted interventions and education programs aim to enable the young person to recognise their early signs of relapse so as to gain control over an event they may fear and not feel at the 'mercy of their illness'

Relapse is a subsequent episode of mental illness. It is a recurrence of symptoms of mental illness similar to those that have previously been experienced. The threshold of symptoms required to identify a relapse varies according to the differing perspectives of the person experiencing the symptoms, their family and carers, and service providers. Relapse is generally agreed to have occurred when the person experiencing the symptoms is not able to cope using their usual supports and requires a greater intensity of intervention.

- * Relapse is part of the natural course of the illness, but it can be prevented or reduced in frequency and/or intensity
- * Each relapse that a client experiences increases the likelihood of future relapse and continual residual symptoms
- * Relapse demonstrates the individual's continuing/heightened vulnerability
- * With a relapse, the individual is not 'back to square one' but that the relapse has provided an opportunity or learning experience

Relapse Prevention

This is a specific component of the recovery process. It entails maximising wellness for people with mental illness by reducing the likelihood and impact of relapse. It involves empowering people with mental illness to recognise early warning signs of relapse and develop appropriate response plans. It involves identifying risk and protective factors and eliminating or reducing the impact of risk factors. Relapse prevention is based on communication and understanding between the person experiencing mental illness, their family and carers, primary health care, the specialist MH system, and community support services about access to support or treatment if there are early signs of relapse.

Elements of Relapse Prevention

- * Daily plans for symptoms and reality checks, taking medication (if necessary), for daily wellness needs Engagement and education of early warning signs and risk of relapse
- * Identification of each individual's particular pattern of early warning signs
- * Awareness of risk and protective factors
- * Relapse prevention plans for agreed responses to EWS and ways to reduce risk factors and increase protective factors
- * Crisis plans, which are preferred outcomes if an acute episode occurs
- * Early intervention through access to appropriate supports and services



1 in 4 people will only ever experience one psychotic episode

A relapse does not have to be a catastrophe

Recovery

"It is important to be mindful that the person is attempting to compensate, not only for the cognitive and emotional disruptions wrought by the trauma of psychosis, but also for the assault on self-esteem, identity and disruption to lifestyle resulting from psychosis. Thus the person is grappling, while in a highly compromised state, with the meaning and significance of their predicament".

(EPPIC - COPE Manual)



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What helps with adherence to medication?

- * Positive “partnership” toward health care treatment planning
- * A level of supervision
- * Acceptance of the illness experience
- * If the medication helps!
- * Reduced side-effects
- * Less complex medication regimes
- * Perception of severity
- * Perception of susceptibility

Early Warning Signs

Many individuals who experience a recurrent episode of psychosis exhibit characteristic changes in their mood or behaviour in the days or weeks prior to relapse i.e. each individual has a characteristic set of behavioural or mood changes which can be identified as early warning signs of relapse and provide a window of opportunity for prevention

Successful intervention during this period is dependent upon the recognition of these early signs by the person themselves, clinicians, or family.

By identifying and acting on these early warning signs, relapse may be prevented or the severity minimised.

The Family and Relapse Prevention

Relapse prevention is an area where the family input is vital as they will probably be the ones who are in constant contact with the young person and are therefore well placed to notice the first signs of relapse (changes in the person’s feelings, thoughts or behaviors) Many family members are able to detect early warning signs, and for individuals who lack insight into their early warning signs, family members or significant others can learn to contribute to symptoms checks

EWS timelines

This process involves taking the identified EWS (see handout), and helping the young person and/or family member arrange them in the chronological order ranging from the earliest changes they remember, through to the more frank (clear / obvious) symptoms Sometimes it is also useful to use any inpatient notes, information from other services involved earlier and the current clinical notes as it may be difficult for the young person to identify the specific course

A ‘relapse signature’ is a persons own unique identifying progression of symptoms that can alert us of an impending psychotic episode (hence a ‘signature’)

Summarising and splitting the ‘relapse signature’ into 3 or 4 stages assists the young person, as well as the family, on how to identify an emerging episode and what is the most appropriate treatment option to pursue.

MINIMISING THE RISK OF A RELAPSE

- Maximizing adherence with medication
- Maximizing coping resources to manage life events and ongoing stressors (e.g.: the importance of aligning with others)
- Minimize substance abuse - especially cannabis
- Monitoring and self-monitoring for early warning signs of relapse
- Family interventions to work together at all of the above

Stress

vulnerability model and relapse

According to the stress-vulnerability model, a relapse occurs when triggering event (internal or external) challenges the coping resources of the individual.



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