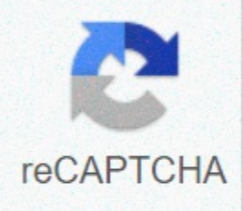




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## Wellness self management plus

The Center for Practice Innovations (CPI) is happy to announce that the popular WSM+ workbook is now available in Spanish. CPI has worked closely with the New York State Department of Mental Health and the New York State Bureau of Alcoholism and Substance Abuse Services to develop this version of WSM designed for individuals who simultaneously address mental health and substance abuse issues. WSM+ is a curriculum-based clinical practice designed to help adults effectively manage mental health and substance abuse problems. The curriculum is organized into a personal workbook of 57 lessons, focusing on issues such as recovery; mental health well-being, reducing harm caused by substance use and preventing relapses; coping with stress, mental health and substance use problems; and live a healthy lifestyle. You can obtain the Spanish version of the WSM+ workbook through the CPI website ( by clicking the Buy CPI Products tab on our home page. You will be asked to sign up and select your account password. Once your account is set up, you can download the electronic version of the workbook for free or buy bound paper colleges. For more information about WSM and WSM+, click on this link here. Thank you. The chat2Recovery (C2R) group facilitator uses the Wellness Self-Management Plus (WSM+) workbook to showcase recovery topics that are important to you. You will be provided with a copy of this workbook when you access the program. It is your responsibility to read the specified lessons and run the specified worksheets on time. Topics in the WSM+ workbook are evidence-based research results that have shown that studying these topics can affect recovery. The main objectives of the WSM+ programme are: to learn about the recovery of mental health and substance use; the best possible use of substance abuse, mental health and physical health services; learn to achieve my goals; reducing symptoms related to substance use and mental health problems; learn how to manage daily stress and prevent relapse; stay well by connecting with others; live a healthy lifestyle; understanding the link between substance use and mental/physical health. See PDF here. Call us: 1-855-436-6781 Schedules evaluation copyright and licensing information DisclaimerWellness Self-Management (WSM) is a recovery-oriented, curriculum-based and educationally focused practice designed to help adults with serious mental health problems make informed decisions and take steps to effectively manage symptoms and improve their quality of life. WSM is an adaptation to the Disease Management and Recovery Model (IMR), which is nationally recognized as the best adults with serious mental health problems. Using WSM personal workbooks for group facilitators and consumers and use structured and easy-to-implement group facilitation. Currently, more than 100 adult mental health agencies are implementing WSM, which represents a wide range of program types, clinical conditions and the cultural population. The authors describe WSMDespite's development, key characteristics, delivery, adoption and maintenance of the existence of effective, research-supported treatments for adults with serious mental health problems, these practices are rarely implemented and maintained in real-world conditions. (1) In recent decades, a study has identified a number of measures that can provide significant symptom alleviation and improve overall function (2-3). All too often, effective medication and psychosocial treatment options do not find their way to those who could benefit from them. While our knowledge of best practices for people with serious mental health problems is impressive and continues to grow, our understanding of how to promote the widespread adoption of new practices that last over time lags far behind (4). The challenges facing mental health systems in implementing, maintaining and disseminating quality practices are numerous and frightening. Challenges include staff turnover, labour skills requirements, inadequate clinical oversight, the viability of public finances, real or imagined risks associated with change, role requirements and a lack of available and practical resources (5-6). Over the past decade, efforts to address a number of these challenges have increased and strategies have been explored to bring recovery-oriented best practices on the ground. One example of this has been the National Best Practice Enforcement Project of the Substance Abuse and Mental Health Services Administration (SAMHSA), launched in 2001 with eight states, including New York State (7). Between 2002 and 2005, the New York State Department of Mental Health (NEWS) participated in a national SAMHSA pilot project that examined the impact of a specific enforcement strategy to promote the introduction of best practices. The strategy included the use of consultants/trainers and resource package materials. One of the best practices OMH chose to pilot in NYS was disease management and recovery (IMR) (8). IMR is a curriculum-based treatment that uses research-based psychosocial approaches that help adults successfully manage serious mental health problems and make progress towards specific goals. NYS implemented IMR at three agencies in NYC and a mental health unit in prison. When these sites implemented IMR, consultants/trainers monitored the implementation process and collected feedback from practitioners, and program management. Overall, stakeholders reported that IMR added value to the quality of services. Administrators and staff commented that the structured structured and summaries, as well as a handbook highlighting core clinical expertise, were a useful resource. The feedback also suggested ways in which IMR could be expanded and adapted to increase its wide availability and sustainability, especially when working in groups. Although IMR can be used in group modulation, it was designed primarily for use in individual sessions. The importance of adapting IMR to teamwork was based on two aspects: 1) the recognised benefit of group care and peer learning for people with serious mental health problems, and 2) group care is for most NYS mental health programs. Consultants/trainers hired the NYS-operated facility (Hudson River Psychiatric Center) and 10 member agencies from the Urban Institute for Behavioral Health (UIBH), a consortium committed to implementing evidence-based practices, studying field testing, and evaluating adaptations to IMR based on our findings and stakeholder experiences. This led to adjustments in practice and eventually to a new name: Wellness Self-Management (WSM) (9). Extension 1WSM has a lot in common with IMR, including the use of a structured comprehensive curriculum that includes topics on recovery, relapse prevention, coping and stress management, social support, practical facts about mental health problems, medication information, problem solving, and developing personal goals. WSM and IMR also emphasise assisting participants in learning in vivo teaching. Both approaches reflect recovery-oriented values and principles involving self-direction, choice and joint decision-making. WSM's way of deviating from IMR includes organizing the entire curriculum in a workbook that belongs to the participants, adding a physical fitness figure, using self-driving steps, organizing a process around a specific group facilitation format, and embedding core expertise in the workbook. These adaptations were designed to facilitate the use of the curriculum in group modality and to promote the extensive implementation and maintenance of these services throughout the state of New York. (Extension 2) After a year of field testing of the WSM workbook and group format, OMH funded the Columbia Psychiatry Center for Practice Innovations to plan a statewide effort to promote the deployment and maintenance of WSM. Using a formal learning collaboration method based on the Institute for Healthcare Improvement (IHI) (10) quality improvement method, more than 100 mental health service agencies voluntarily joined this effort and gave \$500.00 to purchase WSM workbooks costing about \$10.00. The range of program types is wide and includes virtually all kinds of mental health care environments, including: located in the Prisons. WSM workbooks were also translated into Spanish, Chinese, and Korean for programming that serves these populations. All agencies agree on the implementation of WSM and report information related to key performance indicators, such as attendance, suspension and reasons, customer self-assessment of progress, and team leader ratings in the participation rate and achievement of the target for each participant in the group. In addition, practical loyalty was determined in two ways: in the ratings of WSM group leaders, according to supervisors and an independent research expert. (Extension 3) Our findings show that WSM teams are well involved and that the most common reason for participants to stop is to grant discharge from the Agency. Team leaders usually implement the group faithfully. Statewide, the median loyalty rating filled by program monitors participating in the program was 50 out of a possible total score of 58. We also used a separate independent loyalty measure that focused on group skills in a programme sample. These loyalty ratings (median score of 18 out of a maximum score of 24) also showed that most practitioners use the workbook and group format at a satisfactory level. At the beginning of the group, the participants personally identified meaningful goals. When performing the programme, participants assessed their progress based on how well they improved or achieved their objectives (see Figure 1). According to reports from participants and group leaders, 75% of participants will make significant progress in the target areas identified by consumers during the programme. An important result of this initiative was to determine the sustainability of WSM in October 2009 after completing the cooperation on formal learning. A recent survey conducted 10 months later was answered by 87 of the original 100 participating agencies. The responses showed that 85% currently offer WSM groups; 13% plan to offer WSM only one program in the near future to experience reporting difficulties in maintaining WSM due to serious customer transport issues. Authorizing agencies to maintain WSM on their own was achieved by creating affordable and accessible staff training resources, such as a free online course on the implementation of the WSM Group Program, DVD advertising and training programs, downloadable workbooks, team leader training guides, and briefing documents. The agencies' positive response to the WSM initiative has also led to numerous calls from service providers for more curriculum-based resources to meet the needs of young adults/young adults, adults with substance use disorders and mentally ill inmates. A number of initiatives are currently under way to test WSM-related workbooks in order to meet the needs of these three populations. We expect to report on the results of these efforts The Center for Practice Innovations website [www.practiceinnovations.org](http://www.practiceinnovations.org) provides interested practitioners, programs, or agencies with the information, tools, and resources needed to successfully implement WSM in groups. The New York Statewide Initiative was based on the founding principles of recognized best practices and reflected its core principles, while making adjustments and creating tools and resources to promote the broad adoption and maintenance of this practice in response to stakeholder language feedback. New York's goal is to go beyond the initial implementation phase and planning strategies so that organizations can maintain and disseminate a practice that brings added value to the mental health system and can be applied in all clinical conditions, cultural populations, and program types. The development and evaluation of user-conscious adaptations and the creation of easily accessible tools and resources can be a way of bridging the gap between research and services. Click to view this. (32K, Doctor) 1. Ganju V. Implementation of best practices in state mental health systems: impacts on research and impact studies. Schizophrenia bulletin. 2003;29:125–131. No, no, no. [Google Scholar] 2. Kreyenbuhl J, Buchanan RW, Dickerson FB, et al. Schizophrenia Patient Outcomes Research Group (PORT): updated treatment recommendations 2009. Schizophrenia bulletin. 2010;36:94–103. [PMC Free Article] 3. New Mental Health Freedom Commission. 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