Self-management for people with severe mental health problems

by Valentina lemmi and Martin Knapp

Self-management may facilitate recovery, helping to support people with severe mental problems at no additional cost. This is the key message from an economic analysis performed alongside a pilot evaluation of the Mental Health Foundation's self-management course. While the pilot evaluation was funded by the Big Lottery Fund, Wales, the economic evaluation was funded by the National Institute for Health Research (NIHR) School for Social Care Research and conducted by PSSRU researchers at the London School of Economics and Political Science alongside the Mental Health Foundation (MHF).

What is self-management for people with mental conditions?

Self-management programmes aim to facilitate recovery, improving an 'individual's ability to manage symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent with living with a chronic condition. Efficacious self-management encompasses the ability to monitor one's condition and to affect the cognitive, behavioural and emotional responses necessary to maintain a satisfactory quality of life'. Self-management programmes for people with mental health problems in recovery may include different components, from managing symptoms and medications, to preventing relapses, setting individual recovery goals, and acquiring new life skills.

After development in the United States during the 1970s for chronic conditions, self-management programmes have now been established in many countries: the Wellness Recovery Action Planning for people with severe mental health problems in the United States, the Life Goal Program for Veterans with bipolar disorders in the United States, the Flinders model for people with severe mental disorders in Australia, the Barcelona Bipolar Disorders Program in Spain, and the Bipolar UK self-management programme.



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The Mental Health Foundation self-management course

The MHF designed a peer-led self-management course for people with severe mental health problems who used secondary mental health services. The self-management course consists of a two-day workshop, followed by six half-day follow-up workshops over 3 months, and six on-going peer-group meetings over 6 months. It aims to teach goal-setting and problem-solving techniques, to empower people, and to facilitate socialisation and sharing of experiences. The course is delivered in community settings to groups of up to 15 participants, led by two peer-support workers who had previously been course participants themselves.



When I was 17 I started hearing voices, and that was really frightening. At the time I didn't know anything about schizophrenia.

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intervention only.

Is it effective?

The pilot evaluation followed 262 adults with severe mental health disorders living in the community in Wales and taking part in the MHF self-management course. Data was collected from them at baseline, 6 and 12 months later, with measures including well-being, functional living skills (general health, exercise, food, social life, dealing with health professionals, and finding meaning in life) and service use. Results showed that self-management improved well-being and functional living skills at both 6 and 12 months, suggesting *potential* long-term benefits. However, the lack of a control group made it impossible to attribute the observed positive changes to the

Is it cost-effective?

The economic evaluation was based on two sub-samples of 87 and 61 adults for whom service use data were collected at 6 and 12 months respectively. Costs were evaluated from both the public services perspective (health and social care, and criminal justice) and the societal perspective (public services and productivity loss). From both perspectives, the results suggested potential savings in the long term, driven by a decrease in hospitalisations and an increase in employment-related productivity. From the public services perspective, an increase in costs of 4% at 6 months was followed by a decrease of 48% at 12 months. A similar pattern was observed from the societal perspective, with an increase in costs of 2% at 6 months followed by a decrease of 64% at 12 months. However, from both perspectives, only the decreases in costs by the 12-month point were statistically significant. Again, the lack of a control group meant that we could not attribute those observed changes solely to the intervention. Nevertheless, our results suggest that the self-management course could have important positive effects on wellbeing, functional living skills, and costs.

Time to take control!



Report: Take Control: © Mental Health Foundation

Policy-makers are supportive of both self-management and peer-support. In Wales, the recent mental health strategy listed self-management as one of its objectives. In England, the Government's 2011 mental health strategy recognised the important contribution of peer-support and recommended its implementation.

The tentative evidence from this evaluation suggests that self-management may facilitate recovery, helping to support people with severe mental disorders at no additional cost.

It's therefore time to take control! People with severe mental health problems may benefit from peer-led self-management. Commissioners should take note.

Further information

Cyhlarova E, Crepaz-Keay D, Reeves R, Morgan K, Iemmi V, Knapp M (2015) An evaluation of peer-led self-management training for people with severe psychiatric diagnoses, *Journal of Mental Health Training, Education and Practice*, 10, 1, 3-13.

lemmi V, Crepaz-Keay D, Cyhlarova E, Knapp M (2015) Peer-led self-management for people with severe mental disorders: an economic evaluation, *The Journal of Mental Health Training, Education and Practice*, 10, 1, 14-25.

Read Barry's D's story on the Mental Health Foundation website.

Mental Health Foundation (2012) Take Control – Self-management in care and treatment planning, Mental Health Foundation, London.

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