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Overview

Severe and distressing symptoms, sensitivity to stress, relapses, and rehospitalizations can interfere with the ability of people (or “consumers”) with a mental illness, including those involved in the criminal justice system, to become integrated, contributing members of their communities. Learning more effective strategies for dealing with one’s psychiatric disorder is an important ingredient to leading a productive and fulýlling life or all people with a major mental illness. The Illness Management and Recovery (IMR) program is an evidence-based intervention aimed at improving the ability of consumers to manage their psychiatric disorder more effectively in collaboration with others in order to achieve their recovery goals. This brief (1) describes the IMR program, (2) summarizes recent research on the IMR program, and (3) considers beneýts and potential adaptations for providing IMR to individuals involved in the criminal justice system.

The Illness Management and Recovery (IMR) Program

The IMR program (also referred to as Wellness Management and Recovery) is a standardized, curriculum-based intervention in which individuals with a serious mental illness learn how to become active and informed participants in their own treatment in order to regain control over their lives (Gingerich & Mueser, 2010; Gingerich & Mueser, 2011). IMR can be provided in either an individual or group format, in any location convenient for providers and consumers (e.g., community mental health center, community setting, correctional facility), and usually requires participation in 40–50 weekly or twice weekly sessions over 6–12 months. The program can be implemented by either trained behavioral health practitioners, consumers, or (for group format) a combination of the two.

The IMR program begins with an exploration of the concept of from mental illness and what it means to each individual consumer. Bashe Tw m be2ans toT

Research on the IMR Program

The IMR program was developed approximately a decade ago, based on a comprehensive review of research on teaching illness management to people with major mental illnesses (Mueser et al., 2002). This review of 40 controlled studies identiýed ýve empirically supported methods for improving illness management:

- psychoeducation about psychiatric disorders and their treatment
- cognitive-behavioral approaches to improve medication adherence
- relapse prevention training
- coping skills training
- social skills training to improve social support

None of the programs reviewed incorporated all of these methods into a single intervention. IMR was created to integrate all of these empirically supported methods for improving illness management into one cohesive program (Gingerich & Mueser, 2010), with the vision of recovery from mental illness (Anthony, 1993; Deegan, 1988; President's New Freedom Commission on Mental Health, 2003) serving as the unifying theme and motivation for individuals to change their behavior.

Since the initial development and dissemination of the IMR program, it has been widely adopted, translated into over 10 languages, and has been the focus of signiýcant research (McGuire, Kukla, Green, Mueser, & Salyers, in press). Studies have shown that IMR can be successfully implemented in a range of inpatient and outpatient treatment settings (Bartholomew & Kensler, 2010; McHugo, et al., 2007; Mueser et al., 2006; Roe et al., 2007; Salerno et al., 2011; Salyers, et al., 2009). Three randomized controlled studies, conducted in the U.S., Sweden, and Israel, have shown that IMR improves illness management and related outcomes signiýcantly more than traditional services (Fªrdig, Lewander, Melin, Folke, & Fredriksson, 2011; Hasson-Ohayon, Roe, & Kravetz, 2007; Levitt, et al., 2009). Research suggests that IMR reduces use of high cost psychiatric services such as inpatient hospitalization and emergency room visits (Salyers, Rollins, Clendenning, McGuire, & Kim, 2011).

The IMR program has been adapted to meet the needs of special populations and settings. For example, to address the common problem of medical comorbidity in people with serious mental illness (Chwastiak et al., 2006), Integrated IMR was created to teach consumers how to manage their psychiatric and medical disorders to achieve their recovery goals (Bartels et al., in press; Mueser, Bartels, Santos, Pratt, & Riera, 2012). To facilitate the teaching of illness management to persons with intellectual disability and a psychiatric disorder, an adapted version of the IMR program was developed, the Happy and Healthy Life Class, to condense and simplify the curriculum making it more accessible to consumers (Gingerich, Arnold, & Mueser, 2009). Abbreviated versions of the IMR program have also been developed for the acute care, inpatient setting to prevent rehospitalization (Lin et al., in press).

IIMR for Justice-Involved Adults

Improved illness management can facilitate community integration for all people with a serious mental illness.

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