

When is a Relapse Prevention Plan needed?

- **Patients in Sustained Remission (1-3 months):** Scores of <5 on the PHQ-9 or GAD-7
- **Patients with a Sustained Response (1-3 months):** 5+ point reduction or 50% reduction of scores from baseline PHQ-9 and GAD-7 scores

What should I complete for patients who are being discharged by are not in remission?

Instead of a Relapse Prevention Plan, a written **Self-Management Plan** and corresponding letter should be completed and provided to the following patients:

- **Patients who have gained maximum expected benefit:** Patients who are not benefiting from the CoCM level of care, have been in the program 8-12 months or longer and are not improving, and/or are not ready or able to connect to the recommended level of care
- **Patients who have been referred to and are agreeing to connect to a higher level of care**

How might I talk to a patient about Relapse Prevention Planning?

- For patients in remission or responding to treatment, explain that these plans are a routinely completed when their mental health condition is under control and well-managed.
- For patients who are not yet in remission or responding to treatment (see above), explain that these plans are completed when symptoms are stable and no active treatment changes are being made at this time.
- Share with the patient that because depression and anxiety can sometimes come and go over time, these plans are completed to help them feel more in power of knowing whether they're starting to feel like they need to better utilize their coping skills or reach out for support.
- Discuss how the plan can help the patient identify the strategies and skills that are working for them and to make a plan for how they'd like to continue fitting these things into their lives.
- Mention that important contact information will also be readily available on their printed plan.

How often should the patient review their Relapse Prevention Plan?

It's often recommended that patients review their plans once per month. You might share with the patient that many people find it helpful to review their plan once per month, and then ask the patient what they envision being most helpful in their own life. It's also recommended to elicit ideas from the patient about when and where they might review their plan (e.g., some choose to review their plan on the first of the month, at the same time and place that they pay their bills).

In what format should I create a Relapse Prevention Plan?

Talk to the patient about what format might work best for them. Consider the options you have at your site, and you might offer these to the patient and let them choose. This might include:

- Sending a letter via the Electronic Health Record (EHR)
- Typing the plan in MS Word, printing two copies for the patient and EHR, and mailing/providing a copy to the patient
- Filling out a printed copy by hand- Remember to scan a copy and enter into the EHR

Relapse Prevention Plan- SAMPLE

Patient Name: Jane Doe

Today's Date: November 20, 2018

Maintenance Medications

1. Zoloft (Sertraline); 2 tablet(s) of 50 mg, 100mg total per day.

Contact your provider if you'd like to make any changes to your medication(s).

Other Treatments

1. Ongoing monitoring through Collaborative Care "stable monitoring" phase

Personal Warning Signs

1. Social life declines

2. Sleep worsens (trouble falling and staying asleep)

3. Feeling on the verge of a panic attack; feeling generally more anxious, fidgety

4. Not being able to manage a to-do list as well; feeling like there isn't enough time in the day

Things I do to Prevent Depression/Anxiety

1. Take medication

2. Spend time with support system- dog, family, and friends

3. Healthy eating and meal planning

4. Focus on healthy sleep and a consistent sleep schedule

5. Using CBT app as needed

6. Make an appointment with therapist if needed

If symptoms return, contact: Your Care Manager and/or your PCP

Contact/Appointment Information:

Primary Care Provider: [PCP] | Phone: [CLINIC NUMBER]

Next appointment: Date: _____ Time: _____

My Primary Care Manager(s): [CARE MANAGER] | Phone: [PHONE]