



Group Clozapine Medication Management at a Community Mental Health Center



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Background

- The group model of medication management has been long-utilized for diabetes management.
- Group medical visits have been linked to improved blood sugar control, increased self-efficacy, increased satisfaction with care, lower hospitalization rates, and decreased emergency department utilization.
- Rationale for group treatment programs:
 - A unique process occurs when people come together in a group - individuals may be more suggestible and feel psychologically more powerful
 - Groups provide a unique opportunity to reduce shame and isolation associated with chronic conditions
- We sought to pilot a group clozapine model of care for young males within a community mental health center.

Group structure

30mir

- Record review
- Individual meeting with psychiatrist
- Patients fill out pre-visit survey

1 hour

- Group with facilitated discussion conducted by psychiatrist
- Disease-related, clozapine-related, and healthbehavior education incorporated into session

30min

- Post-visit documentation
- Billed as medical E/M code
- Send scripts

2 hours for 7-9 patients

Participants

- 9 males participated, attending bi-weekly (n=7) or monthly (n=2) at their preference
- Mean age = 33 (range 24-42)

Group topics

Group discussion topics are both generated organically and suggested by the facilitator, and have included:

- Health-related goals
- Referential thinking
- Paranoia
- Trust
- Fear
- Auditory hallucinations
- Recovery from substance use
- Effects of substance use on mood and symptoms
- Side effects of clozapine
- Coping with stressors
- CBT approaches to distorted thoughts
- Behavioral activation
- Strength exploration & positive psychology

Results

- After 3mo (6 groups), members on average rated their satisfaction with group at 8.5/10
- Improvements were seen on survey measures of:
- Member-rated Overall health (68 to 78/100, n=6)
- Scales of Psychological Well-Being:⁵
- Personal growth subscale
- Autonomy support subscale
- Mental health recovery⁶
- No psychiatric hospitalizations or decompensations
- Full clozapine adherence reported
- No missed appointments

Feedback from group members

"The group helps me stick to my goals better because of the accountability."

"Everyone seems very open and kind. Having a full hour session has been great."

"I like that there's good guys who have similar experiences."

"I learned that a lot of other people have the same issues and experiences that I have. Makes me feel better."

"Now, I'm trying to try new things, engage with life again a little more."

"I learned about smoking downthe meds."

"There are people who seem to be having more success than me but that's okay. It's good to know I'm not the only one trying this med."

Conclusions

- The clozapine group:
 - has been well-received by patients
 - appears to be a feasible, safe, and scalable model for delivery of care
- Further efforts to improve on and expand the group may include:
 - involvement of a co-facilitator
 - streamlined symptom check-in
 - structured curriculum
 - other group types (ie different age group, gender)

Bibliography

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