

Preliminary Care Coordination Plan

Name

Institution

### **Preliminary Care Coordination Plan**

Mental health can be viewed as a state of well-being whereby an individual can realize his or her potential, copes with normal activities and duties, are productive and contributes effectively to their community. Most people experience stressful experiences which are sub-threshold mental disorders hence are not diagnosed with mental disorder. There are various mental illnesses that include anxiety, schizophrenia, depression and drug and alcohol dependency. According to the World Health Organization (WHO), one in every four people in the world will suffer from mental disorders at a certain point in their lives. Additionally, the WHO report states that 450 million people across the world suffer from at least one mental disorder which shows that mental disorders are among the leading causes of ill-health globally (WHO 2015). Interventions aimed at reducing the cases for mental illness disorders involve prevention, increased screening, effective assessment and appropriate treatment of mental disorders. There are various models and tools that can be adopted to improve mental health. The DSM-5 is a diagnostic tool that can be used to assessment various mental illnesses. The Diagnostic Classification of Mental Health and Developmental Disorders or Infancy and Early Childhood (DC: 0-3) was also created to supplement DSM-IV and enable clinicians to assess early childhood disorders (Koch et al., 2020). The Wraparound services model is focused on integrative and collaborative service delivery. The model is child-centered and focused on involving the patients' family in the care process. The functional family therapy (FFT) is a model focused on culturally competent practices and family-based interventions. The model takes advantage of the protective factors within the family.

The assessment of mental illnesses requires the use of DSM-5. The management of mental illnesses require the involvement of the patient and close family members in the care

process. The management of mental illness require the use of medical and alternative interventions. For example, the management of drug dependency may involve medication combined with cognitive behavior therapy.

### **Specific Goals to Address Mental Illnesses**

Management of mental illnesses requires combination of interventions to prevent, assess and treat the illnesses. The first objective is to reduce the chances of acquiring mental illnesses by at least half within one year. The main causes of mental illnesses include genetics, childhood trauma, stressful events, unhealthy habits and drug and alcohol abuse (Skewes and Blume, 2019). Reduction of risks that expose people to mental illnesses is a preventive measure. Strategies that can be adopted to reduce the exposure to mental illnesses include educating people on risks of drug and alcohol use, providing counseling to people who were exposed to childhood trauma and providing counseling to people who have experienced stressful events like losing a loved one.

The second objective is increasing the assessment of patients for mental illnesses by thirty percent per the next ten months. The DSM-5 provides clear guidelines for assessing patients for various mental illnesses. However, failure to assess patients may increase the risk of misdiagnosis. Increased assessment based on DSM-5 will ensure that patients acquire the right treatment based in their illness.

The third objective is to increase the number of patients who have access to quality treatment by twenty percent over the next four months. Quality treatment involves right medication, incorporation of patients and family in the treatment process and the combination of medication and alternative treatment options.

## **Available Community Resources for Safe and Effective Continuum of Care for Mental Disorders**

There are numerous community-centered resources that can be utilized to manage mental disorders. First, community-based rehabilitation (CBR) programs can be created to enhance the treatment of mental illnesses. CBR programs are run by non-governmental illnesses and ensure that patients have access to quality treatment. Unemployed people are at a higher chance of suffering from mental illnesses. The CBR programs can run micro-credit schemes hence empower patients or high risk populations.

Secondly, peer groups involving patients suffering from similar mental illnesses can be useful in the management of the illnesses. Peer support groups allow patients to express their challenges and experiences which is crucial in the management of the illnesses. For example, patients suffering from drug dependency can hold group meetings which creates an avenue for group therapy.

Thirdly, home-based care can be used to manage mental illnesses. Home-based care requires the medical professionals to work closely with the patient and their families. The family members have to be educated on various interventions and tasked with ensuring that the patient takes the medication among other activities.

Fourth, local community leaders can be involved in the management of mental illnesses. Local community leaders include religious leaders and members of school management among others. The leaders can educate community members on the early symptoms of mental illnesses and the need to seek assistance. In some instances the religious leaders can help community members overcome stressful disorders as they offer faith-based assistance.

Lastly, social workers are essential in the management of mental illnesses. Social workers provide assistance to patients before they reach the hospitals. Social workers are crucial in educating people exposed to mental illnesses and offer first-line care to patients.

**References**

Koch, S. V., Andersson, M., Hvelplund, C., & Skovgaard, A. M. (2020). Mental disorders in referred 0–3-year-old children: A population-based study of incidence, comorbidity and perinatal risk factors. *European Child & Adolescent Psychiatry*, 1-12.

WHO (2015). Social Determinants of Mental Health. Retrieved from:

[https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809\\_eng.pdf;jsessionid=73DCE6C7A386CB86C9AC422DE8FCBBC5?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=73DCE6C7A386CB86C9AC422DE8FCBBC5?sequence=1)