

Appendix A: Initial Family Call

[Pending Final Approval of Instrument]

Appendix B: Family Cover Letter

Fill in date

Dear ***(fill in name of relative/caregiver),***

(fill in name of patient) is currently receiving services at the ***(Long Beach or Sepulveda)*** Veteran's Administration Healthcare Center and ***(fill in name of patient)*** has given us permission to talk with you. We are interested in improving communication between you and the clinical team, as part of high quality care for patients.

We, at the VA Mental Health Clinic, want you to know that the VA Healthcare System and the local community have resources to help support caregivers. We have included these resources with contact numbers. We hope that you might find these resources of assistance.

Additionally, we have included the name and phone number of the clinical team providing services to ***(fill in name of patient)*** . Please feel free to call us.

(Name of Care Coordinator or Patient Care Manager)
(Long Beach or Sepulveda) Mental Health Clinic
Phone:

Appendix C: NAMI Information Letter Insert

Enclosed is the NAMI affiliate list that includes locations, days and times of NAMI caregiver support meetings around Los Angeles County. These meetings are open to any caregiver or family member and the majority of individuals find these meetings very helpful.

The National Alliance for the Mentally Ill (NAMI) is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders. NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.

Founded in 1979, NAMI has more than 210,000 members who seek equitable services for people with severe mental illnesses, which are known to be physical brain disorders. Working on the national, state, and local levels, NAMI provides education about severe brain disorders, supports increased funding for research, and advocates for adequate health insurance, housing, rehabilitation, and jobs for people with serious psychiatric illnesses.

In addition to 1,200 state and local affiliates in the United States, NAMI has affiliates in the District of Columbia, Puerto Rico, Canada, and American Samoa, and has helped start sister organizations in Australia, Japan, and the Ukraine.

The NAMI website is also very helpful and provides quite a bit of information about mental illness, advocacy, and self-help. It is www.nami.org

Appendix D: Los Angeles County NAMI Affiliate List for 2003

[See .pdf file of NAMI LA County Affiliates]

[Substitute a link to a NAMI web-site if one exists that has the same information]

Appendix E: Family Session Checklists

EQUIP FAMILY INTERVENTION
Education about Schizophrenia Session

Patient Name: _____

Patient ID# _____

Clinician's Name: _____

Date of Session: ____/____/____

Length of session: _____ minutes

Family Members Attending

Relationship to Patient

Did patient attend? Yes No

REMOVE THIS PAGE AND STORE SEPARATELY FROM THE INTERVIEW

Patient ID# _____

Session _____ **EDUCATION ABOUT SCHIZOPHRENIA
& IDENTIFICATION OF PROBLEM**

_____ Outline Session Agenda

_____ Inquire about crises: Describe: _____

_____ Inquire about medication compliance: Describe current compliance: _____

_____ Handout and minimum 20 minute review of education materials covering points in summary

_____ Schizophrenia is a biological disorder which result from an imbalance in brain chemicals

_____ Schizophrenia develops in about 1 in 100 people

_____ Common symptoms of schizophrenia include: positive symptoms (hearing voices, holding irrational beliefs), negative symptoms (apathy, little emotion, poor attention and concentration), and cognitive difficulties

_____ Medications can dramatically reduce symptoms of schizophrenia

_____ Clarification of presenting problem: Describe: _____

_____ Ask family re: questions/Issues pressing til next session

_____ Distribute stress vulnerability handout to be read prior to next meeting

_____ Confirm appointment for next session: Appt. Date: _____ Appt. Time: _____

Comments/Other Issues

EQUIP FAMILY INTERVENTION
Stress Vulnerability Model Session

Patient Name: _____

Patient ID# _____

Clinician's Name: _____

Date of Session: ____/____/____

Length of session: _____ minutes

Family Members Attending

Relationship to Patient

Did patient attend? Yes No

REMOVE THIS PAGE AND STORE SEPARATELY FROM THE INTERVIEW

Patient ID# _____

Session _____ **STRESS VULNERABILITY MODEL**

_____ Outline Session Agenda

_____ Inquire about crises: Describe: _____

_____ Inquire about medication compliance: Describe current compliance: _____

_____ Brief summary (5-10 minutes) of educational information from last session

_____ Minimum 20-minute review of education materials covering points in summary

_____ Schizophrenia develops in a person with a biological vulnerability for the disorder
which is triggered by life stress_____ Protective factors such as antipsychotic medications and avoiding alcohol and
substance use reduce biological vulnerability_____ Good communication and problem-solving skills, and a supportive home environment,
can reduce life stress_____ Families can support the patient to take meds, avoid substances, develop
communication and problem-solving, praise patient for small recovery steps,
and get help quickly if needed

_____ Continue problem-solving on presenting problem: Describe issues discussed:

_____ Ask family re: questions/Issues pressing til next session

_____ Distribute medication handout to read prior to next session

_____ Confirm appointment for next session: Appt. Date: _____ Appt. Time: _____

Comments/Other Issues

EQUIP FAMILY INTERVENTION
Education about Medication/ Early Warning Signs Session

Patient Name: _____

Patient ID# _____

Clinician's Name: _____

Date of Session: ____/____/____

Length of session: _____minutes

Family Members Attending

Relationship to Patient

Did patient attend? Yes No

REMOVE THIS PAGE AND STORE SEPARATELY FROM THE INTERVIEW

Patient ID# _____

Session _____ **EDUCATION ABOUT MEDICATION/DEVELOP AN
EARLY WARNING SIGNS PLAN**

_____ Outline Session Agenda

_____ Inquire about crises: Describe: _____

_____ Inquire about medication compliance: Describe current compliance: _____

_____ Brief summary (5-10 minutes) of stress-vulnerability information obtained

_____ Minimum 20 minute review of education materials covering points in summary

_____ Antipsychotic medications reduce schizophrenic symptoms and prevent relapses

_____ Medications must be taken regularly to control symptoms

_____ Antipsychotic medications have some side effects, but they are usually manageable

_____ Alcohol, drugs and stress lessen the effectiveness of antipsychotic medications

_____ Antipsychotic medications are not addictive

_____ Complete early warning sign plan

_____ Continue problem-solving on presenting problem: Describe issues discussed:

_____ Ask family re: questions/Issues pressing in near future

_____ Present plan for ongoing telephone contact (monthly, then tapered): Note plan:

Comments/Other Issues

Appendix F: Treatment Dropout Letter Template

Insert Date

Dear ***[insert patient's name]***,

I am writing to you on behalf of your psychiatrist, ***[insert psychiatrist's name]***, and the outpatient psychiatry team at the Sepulveda VA. We have noticed that it has been a long time since we last met with you, and we have been unable to reach you by phone.

I am interested in getting in touch with you to see how you have been doing since we last spoke. I would like to set up a time for you to come in to my office to see me. This should take no longer than 15 minutes. It is important that I hear from you.

Please call me at ***[insert contact number]*** or stop by the Mental Health Clinic to see me.

I look forward to hearing from you.

Thank you,

[insert Care Coordinator's name]

Mental Health Clinic
[insert site]VA Healthcare Center

Phone: ***[insert contact number]***