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Research Article

The Efficacy of Wellness Recovery Action Plan (WRAP) on Patients with Major Depressive Disorder in Gaza Strip

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Abstract

The Wellness Recovery Action Plan is framework help to develop an effective intervention to overcome distress symptoms and unhealthy behavior patterns. This study aimed to understand the Efficacy of Wellness Recovery Action Plan (WRAP) on patients with Major Depressive Disorder in Gaza Strip.

Depression Pick Scale was used to collect data from two groups (Eight participants). The first group includes four participants and the second one includes another four participants matched with age, gender, living area and degree of depression. This scale includes 21 domains, each domain has cluster of statements, these statements designed to meet the criteria of depression according to DSMIV-TR. The scale was translated to Arabic language and validated to be suitable for Arabic culture by two official institutions and the results were checked for discrepancies. We used probability simple random sample to select the governmental community mental health clinic and participants. Test-re-test were done to assess the level of depression before and after intervention program. Two participants were educated and had guidance to develop and use WRAP (New methods) for 10 weeks and the other two participants were continuing treatment using counselling and medication (routine method).

The result of this study showed that the WRAP program had played a significant role in recovery among the group treated with WRAP (new method) in comparison with the other group (routine method) P value $< .05$. The study recommended that a mental health education program about using WRAP should be established at primary and secondary level in all community mental health clinics in Gaza Strip to have a better recovery.

Keywords: *Wellness Recovery Action Plan (WRAP); Major Depressive; Gaza Strip*

Introduction

Recovery is perhaps the most recent and talked about paradigm in the mental health field. The early 1970s was the time of the community mental health movement and with this emerged the notion of mental health recovery and its related emphasis on hope, self-determination, quality of life and empowerment [1-5]. An individual in recovery is someone who learns to enhance self-management skills to be an agents of change in one's own life, and can define his/her life by the meaningful activities that he/she engages in, rather than by the clinical symptoms which define the mental illness.

Illness self-management programs for people with chronic mental conditions are an important part of patient- centered care, these programs produce positive changes in health outcomes, attitudes, and behaviors via acquisition of new information and skills to better manage troublesome symptoms, maintain higher levels of health and functioning, and enhance quality of life (QOL). Recently developed

mental illness self- management programs have extended this approach to behavioral health by imparting information, teaching wellness skills, and providing emotional support to enhance recovery. One example is the Wellness Recovery Action Plan [6-10].

Objective of the Study

This study examined the effectiveness of psycho education program based on Wellness Recovery Action Plan (WRAP) for facilitating recovery in patients with Major Depressive Disorder in Gaza Strip. Patients with Major Depressive Disorder include those who have a severe and/or persistent Major depression disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment.

Materials and Methods

Pre post design was used in this study and the researcher select two groups. Each group includes four participants (2 male and 2 female), The two groups were matched with age, gender, degree of depression, and area of living, for each participants we assessed the degree of depression using the depression Peck scales before and after using intervention program (new and routine methods).

Variable	Subject	No.	%
Gender	Male	4	50%
	Female	4	50%
Residency	Middle area	4	50%
	Rafah	4	50%

Table 1: *Sociodemographic data.*

Result

Table 2 shows the mean, stander deviation and stander error mean, the pretest mean for the experimental group symptoms of depression was 36.25, and stander deviation was 1.70783 While the mean for post test experimental group symptoms of depression was 21.25 and stander deviation was .95743, this represent that the severity of symptom was decreased significantly after intervention using WRAP.

	Pre.post	N	Mean	Std. Deviation	Std. Error Mean	P- value
Compute av = Mean (Q1 to Q21)	1.00	4	36.25	1.70783	0.85391	
	3.00	4	21.25	0.95743	0.47871	0.00025

Table 2

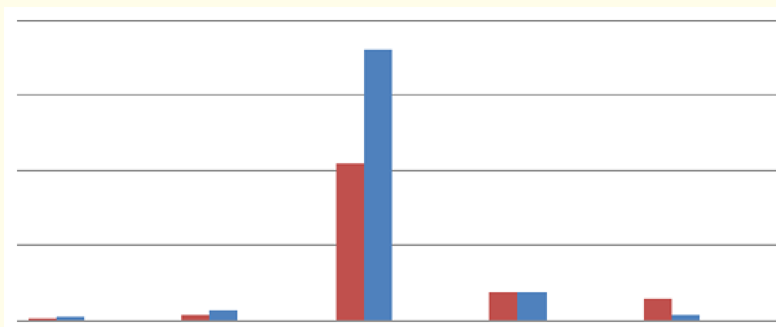

Figure 1: *Mean, standard deviation, and standard error of case group pre.post test.*

Table 3 shows the mean, stander deviation and stander error mean for control group symptoms of depression, the pretest mean for the control group was 33.75, and stander deviation was .95745.

	Pre.post	N	Mean	Std. Deviation	Std. Error Mean	P-Value
Compute av = mean (Q1 to Q21)	2.00	4	33.75	0.9574	0.4787	
	4.00	4	38.00	2.1602	1.0801	.01293

Table 3

While the mean for post test control group of depression symptoms was 38.00, and stander deviation was .2.16025, this represent that there is no significantly improvement in severity of symptom after intervention using routine treatment

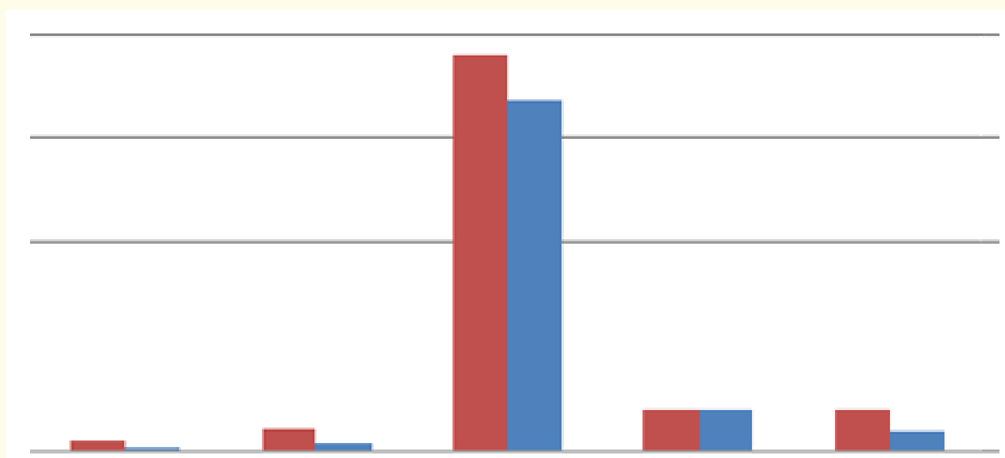

Figure 2: *Mean, standard deviation, and standard error of control group pre.post test.*

Discussion

This is the first randomized trial of WRAP and results show that it is an effective treatment when compared with usual community care. Psychiatric symptom severity scores are significantly reduced among WRAP participants compared with those receiving services as usual, while hopefulness significantly increased among WRAP vs. usual care recipients as indicated by verbal and none verbal response from participant during WRAP session. Thus, a major finding of this study was that, compared to services as usual, intervention participants reported significantly greater improvement in symptoms severity and frequency. Results were also consistent across study site, confirming WRAP's effectiveness in Palestine community as in large- to midsize.

Communities: We also found that the greater participants' exposure to WRAP, the more they improved on psychiatric symptom severity and hopefulness for their futures. This supports the ongoing availability of this model to ensure that participants can obtain adequate exposure to impact life outcomes. On assessment of hopefulness and symptom severity, WRAP recipients reported not only significantly greater improvement relative to controls, but this advantage appeared to grow over time. Future research is needed to understand the differences between these outcomes and their relationship to other personal changes in areas such as functioning, empowerment, self-advocacy, and self-esteem. Data from the present study will be used in subsequent analyses to explore these questions and thus illuminate

the subjective components of recovery. This suggests that while WRAP improves confidence in one's ability to take action, additional supports may be needed to help people make plans for rebuilding their lives in the community. These might include, e.g. access to financial resources, social support, employment services, peer supports, and health care as well as traditional clinical psychiatric services.

Limitation of the Study

There are a number of study limitations that should be considered when interpreting these results. The first major caveat to our findings is that the study's subjects were not drawn from a national probability sample of individuals with severe and persistent mental illness, which limits the generalizability of our results. A second caveat is that the study relied on participant self-report data that were uncorroborated by clinicians or objective observers such as research staff, third caveat is that the study sample were small. all these limitations suggest that caution should be applied to interpretations from study results. Study results build on prior evidence concerning the efficacy of self-management interventions taught by clinicians but go further in demonstrating the longitudinal effectiveness of these interventions. WRAP's focus on planning, skill building, social support, and confidence enhancement may promote perceived competence and inculcate autonomous motivation for attitudinal and behavioral changes that lead to recovery.

Additional research on WRAP and other self management programs can point us to the active ingredients in this type of intervention, and thereby inform the development of new ways for mentally ill to promote self-determination and social participation.

Conclusion

Despite being limited by the small sample size and the depth possible in one short interview, the main findings from this research have consistence with the findings from previous study on the WRAP program; all the studies showed that the WRAP program has significant influence on the participants' recovery journey. The major influences on the consumers are improved conceptual understanding of their own mental illness and planning their own recovery pathway, pre- and post intervention scores revealed significant improvement in self-reported symptoms, recovery, hopefulness, self advocacy, social support, and physical health; and there are significant changes were observed in level of depressive symptom, These promising early results suggest confirmed the efficacy and effectiveness of WRAP management among mental ill consumer.

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