

Facilitators and Barriers to Illness Management and Recovery Implementation

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Illness Management and Recovery (IMR) is an evidence-based program designed to help people with severe mental illness better manage their illness and achieve personally meaningful goals. IMR has shown improved outcomes including better coping and reduced psychiatric symptoms. There have been some difficulties implementing IMR, even within programs that have received IMR training. The purpose of the current study was to examine the differences between facilitators and barriers for implementing IMR as perceived by providers of IMR and non-providers of IMR in order to identify potential targets for implementation strategies. A national online survey was conducted with VA Medical Centers (VAMCs), resulting in 151 responses representing 107 VAMCs nationwide. Survey respondents included local recovery coordinators (LRCs) and staff referred by the LRC for being knowledgeable regarding IMR. The current analyses focused on two open-ended questions pertaining to facilitators and barriers to implementation. The authors independently developed codes through an iterative process to categorize responses. We then established overall consensus on codes and applied those codes to each open-ended response. Chi-square tests were performed on each category to determine differences between provider and non-provider perceived facilitators and barriers. Differences in identified facilitators and barriers were discovered between the providers and non-providers respondents. Overall barriers and facilitators to implementation are described. Identifying facilitators and barriers that differ between providers and non-providers can provide insight into areas that may impact implementation. By understanding these differences we can provide carefully targeted interventions to increase implementation, for example, gaining support from individuals who do not directly provide IMR, could reinforce the experiences of direct service providers.

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