

## Wellness Recovery Action Plan (WRAP) Adult Mental Health

Literature review updated December 2014.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

**Program Description:** Wellness Recovery Action Plan is a group-based intervention for persons with mental illness, delivered weekly for eight to ten weeks. The program teaches participants to focus on key elements of recovery (hope, self-advocacy, support) in daily life and teaches participants to organize a list of activities to use to help them feel better when they are experiencing mental health difficulties.

### Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Anxiety disorder	1	251	-0.070	0.088	46	-0.070	0.424
Psychiatric symptoms	3	381	-0.141	0.121	46	-0.141	0.245
Hope	1	309	0.139	0.176	46	0.139	0.429
Patient self-advocacy	1	251	0.090	0.143	46	0.099	0.489
Mental health recovery	3	381	0.072	0.076	46	-0.070	0.340

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

## Citations Used in the Meta-Analysis

- Cook, J.A., Copeland, M.E., Floyd, C.B., Jonikas, J.A., Hamilton, M.M., Razzano, L., Carter, T.M., ... Boyd, S. (2012). A randomized controlled trial of effects of Wellness Recovery Action Planning on depression, anxiety, and recovery. *Psychiatric Services*, 63(6), 541-7.
- Cook, J.A., Jonikas, J.A., Hamilton, M.M., Razzano, L.A., Grey, D.D., MacFarlane, R.T., Carter, T.M., ... Boyd, S. (2012). Results of a randomized controlled trial of mental illness self-management using wellness recovery action planning. *Schizophrenia Bulletin*, 38(4), 881-891.
- Cook, J.A., Jonikas, J.A., Hamilton, M.M., Goldrick, V., Steigman, P.J., Grey, D.D., Burke, L., ... Copeland, M.E. (2013). Impact of Wellness Recovery Action Planning on Service Utilization and Need in a Randomized Controlled Trial. *Psychiatric Rehabilitation Journal*, 36(4), 250-257.

Fukui, S., Starnino, V.R., Susana, M., Davidson, L.J., Cook, K., Rapp, C.A., & Gowdy, E.A. (2011). Effect of Wellness Recovery Action Plan (WRAP) participation on psychiatric symptoms, sense of hope, and recovery. *Psychiatric Rehabilitation Journal*, 34 (3), 214-22.

Jonikas, J.A., Grey, D.D., Copeland, M.E., Razzano, L.A., Hamilton, M.M., Floyd, C.B., Hudson, W.B., ... Cook, J.A. (2013). Improving propensity for patient self-advocacy through wellness recovery action planning: results of a randomized controlled trial. *Community Mental Health Journal*, 49(3), 260-9.

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