In Their Own Words

"This is better than therapy. Confucius said, 'I do, therefore, I understand.' This was a program of doing and understanding."

"I am more confident to speak with people that I don't know. I'll introduce myself and talk with them. I used to wait for people to come to me. Now I start the conversation." Who We Are

Mental Health America (MHA) is the nation's oldest advocacy organization addressing the full spectrum of mental health and substance use conditions and the profound impact they have on public health and our society. MHA embraces a social justice platform that emphasizes autonomy, dignity and inclusion.

"It brings tears to my eyes when I think about this program. It was a revival. Going to Starbucks for the first time was a big treat."

"[This program] has a positive impact on my life. It gives me hope. This is one of the best things that has happened to me. I will continue to move forward."

Training Available

Mental Health America has had such great success with this program that we are offering training to teach other agencies to provide this groundbreaking program in their respective localities.

Training Includes:

- Instruction provided by experienced Life Coaches
- 6 Webinars
- Program Operation and Training Manual provided in both electronic and hard copy versions

Become a part of the It's My Life program.

For additional information about the program, trainings, and webinars, subscribe to our email list by sending a message to: phendry@mentalhealthamerica.net

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Mental Health America

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Facilitating Recovery Through Social Self-Directed Care





Overview

Through Social Self-Directed Care participants are assisted by their Life Coach in setting their own achievable social goals, developing action plans to achieve them, and managing a small social activities budget. Project management assures that all budgetary expenditures match the individual's social goals and action plans. Success is measured through quality of life indicators, guided journaling, re-hospitalization rates, and anonymous satisfaction surveys.



Background

In the interest of advancing recovery and improving the lives of individuals with serious mental illness, MHA has implemented a highly innovative intervention that combines the evidence-based practices of Self-Directed Care, Peer Support and Psychiatric Rehabilitation into an integrated skill and support strategy to help people build networks of friends and intimate relationships. Success in this area has proven to be a major breakthrough for some of the most isolated, misunderstood members of our communities. Participants are accompanied on their recovery journeys by trained Life Coaches who help them bridge the gap to a larger social world. This project promotes social inclusion so individuals feel less isolated which helps to increase self-esteem and self-worth. This in turn improves overall functioning with networks that include supportive and sustainable relationships that will increase their quality of life while reducing crisis events and hospitalizations. Ultimately, this project assists the participants in setting and reaching social and personal goals.

How it Works

Recruitment & Coach Training	 Reach out to potential participants Determine Participant Eligibility Peer Support Specialist Professional Life Coaching Psychiatric Rehabilitation 			
Forming Partnership	 Explanation of Program Getting Aquainted Goal Setting Action Planning Social Spending Plan 			
Skill Building	 Purpose: Strengthen participants' interaction with self and others Various Teaching Tools used such as: Distress Tolerance Role Playing Personal Boundaries 			
Outings	 All expenditures must correlate to the social goals, action plan and spending plan Coach models and initally provides intense support, then as Participants apply acquired skills and become more independent, the Coach gradually pulls away 			
Outcomes	 Personal Outcome Measures Interviews Guided Journals Satisfaction Surveys Re-Hospitalization rates 			
Results	 Increase in quality of life as described by participants Overall satisfaction with the program expressed by participants Marked decrease in 			

Results

Using the Personal Outcome Measurement (POM) Survey tool, participants are interviewed before enrollment and quarterly thereafter. It is conducted as a guided discussion. Through a detailed process the survey follows 21 quality of life indicators. Each is scored as present (1) or not present (0). For the purpose of evaluating this program we focus on thirteen of the indicators:

POM Survey Results				
POM Statement	Initial Score	Final Score	Change	
1-People are connected to natural support networks	25%	75%	50%	
2-People have intimate relationships.	25%	63%	38%	
5-People exercise rights	63%	88%	25%	
6-People are treated fairly	50%	75%	25%	
11-People use their environments	13%	88%	75%	
14-People interact with other members of the community	25%	63%	38%	
15-People perform different social roles	25%	63%	38%	
17-People choose personal goals*	100%	80%	-20%	
18-People realize personal goals	63%	67%	5%	
19-People participate in the life of the community	0%	75%	75%	
20-People have friends	0%	63%	63%	
21-People are respected	75%	88%	13%	

* According to participants setting their own goals in this program made them realize how many of their other goals were set for them

Re-Hospitalization

In the two years prior to entering the Social Self-Directed Care Program participants had experienced a total of fifteen hospitalizations. In the 19 months of activities one member has experienced a single hospitalization.

Satisfaction Surveys

Satisfaction surveys were mailed out to each member of the program with a return mail envelope, and were returned anonymously. The surveys were developed in partnership with the program members. Seventeen people completed the survey. Ninety-five percent of respondents rated their satisfaction with the program with the highest rating.