In Their Own Words

“[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.”

“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.”

“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.”

“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.”

“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.

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 ground-breaking 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

For more information, contact:
Patrick Hendry
Vice President of Consumer Advocacy
Phone: (703) 489-5742
Email: phendry@mentalhealthamerica.net

Facilitating Recovery Through Social Self-Directed Care

Mental Health America
2000 North Beauregard Street, 6th Floor
Alexandria, VA 22311
Phone: (703) 684-7722
Toll-free: (800) 969-6642
www.mentalhealthamerica.net
facebook.com/MentalHealthAmerica
@mentalhealtham #B4Stage4

Sponsored by:
Janssen

Mental Health America
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 Acquainted
  - 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
  - All expenditures must correlate to the social goals, action plan and spending plan
  - Coach models and initially provides intense support, then as Participants apply acquired skills and become more independent, the Coach gradually pulls away

- Outings
  - 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 hospitalization

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:

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

* 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.