



Temple University
Collaborative

On Community Inclusion of Individuals with Psychiatric Disabilities



Specific Strategies to Help Make Community Integration a Reality

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Collaborative on Community Inclusion

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Table of Contents

Acknowledgements	3
Introduction.....	5
Civic Engagement	6
1. Coordinating Client and Staff Volunteer Activity in the Community.....	7
2. Coordinating Community Support for Behavioral Healthcare Agencies	7
3. Developing a Voice for Consumers in the Civic Process.....	8
Employment	8
4. Working with Area Employers to Increase Employment Opportunities	9
5. Providing Human Resources Training and Technical Assistance to Employers.....	9
6. Establishing a Job Bank.....	9
7. Supporting Employment Within Behavioral Healthcare Agencies	10
8. Utilizing Mainstream Work Assessment, Training, Placement and Support Services.....	10
Education.....	11
9. Making Educational Attainment a Behavioral Health System Priority	12
10. Strengthening School – Community Relationships	12
11. Supporting Clients in School: An Educational Resource Center	12
12. Addressing Post High School Transition Services	13
Social Participation	13
13. Helping Agency Staff Develop the Skills Needed for Promoting Social Participation	14
14. Preparing the Community for the Social Participation of People with Mental Illnesses	15
15. Sharing Social Participation Resources.....	15
Housing Supports	16
16. Creating a Community-Wide Housing Resource Center.....	16
17. Working Collaboratively to Develop New Housing	17
18. Community Education: A “New Neighbors” Initiative.....	17
Religious and Spiritual Connections	17
19. Providing Education and Religion and Spirituality.....	18
20. Using Existing Resources to Promote Greater Congregational Acceptance/Activity.....	18
Next Steps.....	19

Introduction

The concept of “community integration for people with serious mental illnesses” can play an important role in the restructuring of supports and services within mental health delivery systems or it can be only an empty phrase, a rhetorical nod in the right direction but offering little guidance to consumers and families, public and private agencies, or County and State mental health administrators in what to do next in order to make the concept come alive in their communities. In the following pages, we offer a compendium of ideas – suggestions of what local groups can do next – that focus on making the concept of community integration more of a reality.

These suggestions emerged from a year-long planning process in one local community that takes “concepts” seriously, where County mental health officials have established strong collaborative relationships with consumers and families, service providers and community organizations. The Collaborative staff served as facilitators for the planning process, and we have adapted the 20 suggestions developed for a wider audience of community mental health advocates from varied constituencies who want to begin to plan for a greater degree of connection between those with serious mental illnesses and the communities they call home.

For about a year (2006 – 2007), 10 behavioral health care organizations in the North Penn community within Montgomery County, Pennsylvania, explored ways in which they could collaborate with one another to expand their relationships with community organizations and individuals outside the mental health network, thereby increasing access to community resources for behavioral healthcare consumers. This collaborative planning initiative, with support from the North Penn Community Health Foundation, included representatives from the Montgomery County Mental Health/Mental Retardation/ Drug & Alcohol/Behavioral Health Department (the County), consumer and family groups, and each of the local nonprofit agencies providing treatment and/or rehabilitation supports to persons with serious mental illnesses.

Such an effort represents a fundamental shift in the thinking of many behavioral healthcare providers, many of whom continue to provide treatment, supports, and services parallel to – but not integrated with – community life. The end result is that many individuals with mental illnesses live “in” the community, but are not fully “of” the community, spending years dominated by their symptoms and reliant on mental health agencies for even the most basic aspects of their day-to-day activities. The new strategic vision shaped by the 10 participating mental health organizations suggested a dramatically different approach, one that would move the mental health system to first consider and then implement a wide range of alternative strategies that would reconnect consumers with their communities and expand their access to a wide-range of community resources.

This BHUnite planning process explored the meaning of community integration, identified barriers to community integration and opportunities for greater participation, and then explored pragmatic steps that the mental health network – the County, family groups and consumer advocates, as well as nonprofit provider agencies – could implement in promotion of the broad goal of community integration, even if this meant providing an array of new supports. A number of broad themes were emphasized throughout the planning process, and these help to place in context these suggested implementation strategies. First, the planning participants recognized that many individuals with mental illnesses often lived without real, meaningful, and persistent connection to members of their surrounding community who did not have disabilities. Second, many

consumers had never received the supports they needed – either from the behavioral health system or from the community itself – to successfully pursue a richer engagement in the life around them. Third, the planning group’s discussions often noted that enhancing opportunities for community integration could serve as a “pathway to recovery” – that is, that the core concepts of recovery, an important emphasis within the County’s mental health system, might find their best expression in the implementation of these recommendations.

Further, although the recommendations emerged from the experiences of consumers, family members and providers in response to the challenges unique to life in the community, the recommendations can be seen as addressing additional concerns:

- The need to support behavioral healthcare staff in re-considering the prospects for community integration of the consumers they serve, and to make staff aware of the array of community resources they can help consumers to draw upon.
- The need for flexibility in how behavioral healthcare agencies support persons with mental illnesses, including recognition that treatment and rehabilitation structures (e.g., days/hours of operation) and content (e.g., types of supports available) might change.
- The need to work with non-behavioral healthcare community agencies – employers and educators, civic groups and congregations, social clubs and housing agencies – to encourage their openness with regard to the participation of people with serious mental illnesses in community activities.
- The need to develop support mechanisms – encouragement and counseling, funds and transportation, group and individual support – that would help consumers to expand and sustain their connection to community activities.

Based on a “Community Connections” survey undertaken by the group early in the planning process to assess the current level of mental health organizations’ connections to community life, the planning group chose to focus on six key dimensions that give meaning to life in a community context, whether or not people are consumers of mental health services and supports. Each month, the planning group developed a series of recommendations for joint activities they could undertake to promote community integration in one of these six arenas: civic engagement, competitive employment, educational advancement, social participation, housing supports, and religious/spiritual connection.

In all, the planners developed 20 outstanding recommendations, each a set of collaborative activities to enhance community integration. These recommendations are presented here to spur collective activity and inspire agencies to reflect on their own operations and plans for their own initiatives.

Civic Engagement

In seeking to expand opportunities for the civic engagement of individuals with serious mental illnesses, mental health groups may want to explore strategies that would support consumers who wanted to contribute to and/or help shape their communities. Recognizing that each person has individual interests and unique concerns, planning for a greater degree of civic engagement would suggest a broad approach that would include supports not only for consumers who wanted to volunteer for organizations that served children, youth, and the elderly, or addressed the needs of those who were disadvantaged or disabled, but also supports for consumers who would like to be active in a gardening club, an historical society, or local arts programs, etc. At the same time, implementation strategies should also facilitate opportunities for those clients who want to play a more “activist” role - in civic associations, or social movements, or local political campaigns. The recommendations below address two additional themes. First, these recommendations seek to provide opportunities not only for clients and staff to help shape the community around them but also for community

members to be more fully involved in volunteering within local behavioral health care agencies. Second, the focus on broadening opportunities for civic engagement emphasized the importance of reciprocity in the lives of those with serious mental illnesses: civic engagement offers a unique opportunity for people to emphasize that they had much to offer their neighbors – that they could give as well as take – as a means to both redefine themselves and to encourage their neighbors to see them in a new and markedly more positive light.

1. Coordinating Client and Staff Volunteer Activity in the Community

Objective: To establish a Volunteer Coordinating Center (VCC) as an ongoing central resource to which community organizations could turn for volunteers and to which consumers and staff of behavioral healthcare agencies could turn for information and assistance in locating rewarding volunteer activities in the community for themselves.

Activities: A single mental health agency might serve as the base for the Volunteer Coordinating Center (VCC), with a staff person assigned to manage VCC activities on behalf of the participating agencies (e.g., consumer drop-in centers, psychosocial rehabilitation programs, residential services or case management centers). Six specific sets of activities could comprise the work of the Volunteer Coordinating Center. The VCC would:

1. Gather information (via a mailed or online survey, telephone interviews, etc.) from community organizations with regard to their ongoing volunteer needs, as well as provide them with a centralized resource to contact for periodic or episodic needs for volunteers.
2. Gather information from a survey of a sample of staff and clients to assess both the level of interest in volunteer activity and the types of volunteer roles (i.e., which organizations and which types of tasks? In what areas and on what schedules?) in which there is strong interest.
3. Develop a training program and/or a guidebook to help staff in behavioral healthcare agencies explore client interest in volunteering in the community and the ways in which the staff can prepare and provide ongoing support to clients who choose to volunteer.
4. Develop brief training programs and/or literature to help those in community organizations better understand how they can support those with behavioral healthcare problems in becoming effective – and welcomed – volunteers in their organizations.
5. Search for financial support – from the County or local foundations – to establish a fund with which to underwrite the volunteer activities of clients, providing support for transportation costs and other expenses involved in being an effective volunteer.
6. Coordinate two “volunteer partner” programs: the first would link one staff member with one client who have similar volunteer interests as they engage in the community; the second would link one client with a volunteer member of the community organization in which they volunteer.

2. Coordinating Community Support for Behavioral Healthcare Agencies

Objective: To provide community members opportunities to be supportive of the behavioral health care agencies and clients, responding both to individuals who may inquire about volunteering and to service organizations (e.g., the Kiwanis) seeking opportunities for their membership to be engaged.

Activities: A single behavioral healthcare agency in the community would serve as the central site for coordinating the work of community volunteers interested in assisting behavioral healthcare agencies in their ongoing work. The agency would have responsibility for informing the community about potential volunteer activities and coordinating work at the varied mental health sites. The lead agency would:

1. Develop and administer a questionnaire to participating mental health agencies to assess the roles that volunteers in the community could play in supporting the agencies' ongoing work.
2. Develop a protocol for participating agencies to insure that volunteers from the community receive the training and support they will need to work effectively in agency settings.
3. Regularly monitor community-to-agency volunteer activities to assess consistency, outcomes, innovative ideas, and opportunities for expansion of these volunteer initiatives.
4. Develop a public education campaign both to make the community aware of volunteer needs within the behavioral healthcare community and to publicize the success of key volunteer initiatives.

3. Developing a Voice for Consumers in the Civic Process

Objective: To provide opportunities for clients and staff within the behavioral healthcare system to have a stronger voice in the decision-making processes that shape their communities, through the development of a "Voice" project.

Activities: One behavioral healthcare agency will develop – on behalf of the participating agencies in the community – opportunities for clients and staff within the behavioral healthcare system to speak at public meetings, participate in committees and on boards in their community organizations, and actively play a role in the political process. The Voice project would:

1. Survey the community to learn more about the kinds of opportunities for consumers to have a voice – for example, in borough council meetings, civic associations, the voting booth, and other organizations focused on public policy.
2. Develop a training program to help consumers and staff prepare for their engagement in these organizations, and develop materials to help staff work with clients to determine their areas of interest and the types of engagement they would like.
3. Sponsor a training program for community organizations to help prepare them for the involvement of consumers with behavioral health care issues, including one-to-one involvement, mentoring programs, and broader-based community education.

Employment

Few activities are more effective in providing individuals with a sense of engagement in the world around them than regular employment. Having a job – whether it is full-time or part-time, white-collar or blue-collar, paid or volunteer – is one of the hallmarks of community integration. Sadly, across the nation the majority of those with serious mental illnesses are unemployed and/or under-employed, and much more needs to be done to expand employment opportunities. Behavioral healthcare agencies in community settings recognize the many benefits of employment for people with serious psychiatric disabilities – employment offers a pathway to financial independence, a socially valued identity, and a sense of order to life – but it is particularly important as well for those who seek to enlarge their interactions in the community. Local communities can enhance the opportunities for those with serious mental illnesses to work, both by increasing the emphasis on employment outcomes within the mental health community itself and by increasing the level and usefulness of contacts with mental health providers and local employers throughout the region.

Many individual agencies have long-established and positive relationships with individual employers and local business groups: community integration plans can build on those relationships and provide a way for behavioral healthcare providers to work as a group with employers. Central to this effort should be the involvement of area employers in helping to plan and implement the series of activities outlined below.

4. Working with Area Employers to Increase Employment Opportunities

Objective: To increase the level of employment among people with serious mental illnesses both by improving employer understanding of the vocational potential of this workforce and by providing greater support to cooperating employers.

Activities: A special project could be developed and funded to coordinate and increase the level of cooperative work with area employers: project staff would undertake to improve employer understanding and engagement with those with serious mental illness who want to work and to recognize and draw on the resources of area employers who hire those with serious mental illnesses. The special project would:

1. Develop a multi-faceted employer education initiative designed to provide employers with information about the vocational potential of those with serious mental illnesses, including the development of written materials and training programs that highlight success stories.
2. Work with a “speakers” bureau” of local employers who have had successful experiences hiring people with mental illnesses, and arrange for them to serve as spokespersons, through recognition programs and contacts with the local media, to reach out to other area employers.
3. Establish a “Mental Health Workforce Development Council” to provide area employers with an opportunity to offer advice and support to local agencies in the design and operations of their vocational rehabilitation programs preparing clients for competitive employment.
4. Serve as a central contact point for employers with questions – both with regard to employer policies and practices in this arena and with regard to the handling of individual problems that emerge with their current employees with serious mental illnesses.

5. Providing Human Resources Training and Technical Assistance to Employers

Objective: To coordinate the provision of a range of training and technical assistance to area employers to help them address a variety of personnel management issues with employees, whether or not the individuals have serious mental illnesses.

Activities: Collaboration among the County Mental Health, Vocational Rehabilitation, and Workforce Development agencies would offer a series of half-day workshops, using the expertise of local agencies, on personnel management issues. This Human Resources Collaborative would:

1. Work with one of the behavioral healthcare agencies to survey area employers to determine those human resources issues on which they would like to receive information and support.
2. Establish an annual series of six workshops to which area employers – and their human resources managers – will be invited to explore specific topics, using local agency expertise as a prime resource.
3. Explore working with both local Employee Assistance Programs and Chambers of Commerce to enrich these programs and enlarge the audience for them, focusing on key areas of concern as expressed by employers.
4. Offer area human resources staff the opportunity to offer similar – reciprocal – support and expertise to the behavioral healthcare provider agencies in the local community.

6. Establishing a Job Bank

Objective: To provide a central resource through which area employers can post notices of available jobs to behavioral healthcare agencies, as well as to serve as a resource to permit behavioral healthcare agencies to exchange information on job availability.

Activities: One agency might carry responsibility for serving as a Job Bank coordinator.

The agency will have responsibility for coordinating information exchange among area employers, vocational provider agencies, and individual consumers. The Job Bank would:

1. Create a visible entity: the Job Bank coordinator would develop a variety of means to inform area employers and behavioral healthcare workers about the existence of the Job Bank and the way in which it will operate.
2. Centralizing employment opportunities: the Job Bank would develop forms and procedures for insuring that information on available jobs reaches the Job Bank in a complete and timely fashion and that information is disseminated rapidly.
3. Matching jobs with clients: the Job Bank would rely on individual agencies to match clients with jobs, but the Job Bank will periodically measure the success of clients on those jobs and the supports/barriers to success that exist.

7. Supporting Employment Within Behavioral Healthcare Agencies

Objective: To increase the priority attached to employment within the behavioral healthcare system and to expand the ways in which behavioral healthcare agencies express their commitment to encouraging and supporting employment for all consumers.

Activities: The County would establish an Employment Committee encouraging provider agencies to address the employment needs of their consumers, making employment a key goal of the behavioral health system.

The Employment Committee would:

1. Develop recommendations outlining a variety of ways in which the behavioral healthcare providers in the County can, individually and collectively, support those with psychiatric disabilities in returning to work.
2. Sponsor an ongoing training program for all behavioral healthcare personnel in the area to emphasize the centrality of employment within a “recovery and community integration” framework, providing information on client potential, effective counseling techniques to enhance client interest, and available employment resources.
3. Facilitate a “consumer council,” established to provide a center for consumer advocacy on employment issues, reviewing County plans and individual agency initiatives around employment, offering guidance and support, and serving as a liaison to area employers as necessary.
4. Support the hiring of consumers within the behavioral healthcare community – in both “peer support” positions and other “regular” jobs – both to increase the relevance of services and to provide a model for area employers.
5. Annually recognize individual consumers, outstanding provider agencies, and exemplary employers for their efforts in enlarging the opportunities for people with serious mental illnesses to work.

8. Utilizing Mainstream Work Assessment, Training, Placement and Support Services

Objective: to increase the degree to which the behavioral healthcare agencies refer clients to non-mental health workforce development agencies and services, and to support consumers in their utilization of those mainstream services.

Activities: one agency might have the responsibility to assess available training resources, establish ongoing relationships with those resources, and provide coordination of the supports offered to consumers in utilizing non-mental health job training and placement supports. Better use of mainstream resources would include the following.

1. A survey of available non-mental health job assessment, training, placement and support services will be undertaken, designed to increase understanding within the behavioral healthcare field of the purposes, populations, and requirements of those programs.
2. Coordination of the activities of local mental health agencies to develop strong and effective relationships with mainstream job-training programs that will be designed to ease referrals of clients to mainstream resources and to insure the provision of supports to consumers to help them succeed in those programs.

Education

Education is a critical aspect of community integration. On the one hand, those with serious mental illnesses who participate in the everyday educational activities of their communities often have increased opportunities for building relationships with other students, sometimes developing strong and lasting friendships around common interests. On the other hand, educational achievement is the primary stepping-stone for broadening employment possibilities and job satisfaction. Although there is compelling evidence that those with serious mental illnesses have the same intellectual capacities as their neighbors, it is also true that mental illnesses often first emerge in the lives of older teens and young adults, interrupting their educations: behavioral health systems have not been as rigorous as they could be in helping students “get back on track” educationally.

The educational “next steps” of those with serious mental illnesses are quite varied: some people have failed to acquire basic literacy and numeracy skills, while others are unable to earn a high school diploma. Some consumers may have been interested in going to trade and business schools before they became ill, while others would be interested in community college programs in order to explore other career options. Still others would like to start or would like to continue their participation in four-year college programs, or complete even more advanced training and pursue professional vocations.

Community integration plans should seek to develop more support for all of those students, and to do so by grappling with three primary sets of barriers. First, we acknowledge that those who work in the mental health system are often discouraging about or indifferent to the educational capacities and goals of consumers, and this needs to change. Second, a wide range of training programs, trade and business schools and community and four-year colleges will need help to successfully integrate these new students into their programs, developing opportunities that accommodate these students’ needs. Third, we need to know more about financial resources that can help support students who may never have considered more education because of the costs involved.

Building on the relationships that may already exist between behavioral healthcare agencies’ local training and educational programs, four possible directions for collectively addressing these barriers are presented. It may be possible to develop separate initiatives around varied educational levels – one focusing on ABE-GED linkages; one on business, trade and technical schools; another on community colleges and four-year programs.

9. Making Educational Attainment a Behavioral Health System Priority

Objective: To increase the degree to which staff in behavioral healthcare agencies provide support to consumers in reaching their educational goals.

Activities: An informal Education Committee, made up of representatives from several behavioral healthcare providers, will develop recommendations and resources to help individual agencies strengthen staff capacities to work with consumers in developing and implementing individual educational plans. The Education Committee would:

1. Develop recommendations for short-term training of agency staff on the educational aspirations of service consumers and provide opportunities for training staff on helping consumers to develop and implement individualized educational plans.
2. Develop a comprehensive, online listing of educational opportunities in the community, including: Adult Basic Education and General Equivalency Diploma classes; business, technical and trade schools in the region; community college and four-year college programs; and graduate educational programs.
3. Develop a “funding your education” resource guide providing information and practical advice on the varied resources available (e.g., Office of Vocational Rehabilitation, Pell grants, etc.) for funding educational activities.

10. Strengthening School – Community Relationships

Objective: To strengthen the ongoing relationships between the behavioral healthcare agencies and the training programs and colleges/universities accessible to local residents.

Activities: A coalition of the behavioral healthcare agencies and local training programs and colleges and universities will explore a variety of strategies for continuing and expanding linkages among them in ways that offer support both to students with serious mental illnesses and to administrators and faculty on the college campuses. The school/community coalition would:

1. Develop a list of activities – on campuses or within the behavioral healthcare agencies that provide opportunities for staff and students in both settings to begin to know one another better.
2. Help colleges and universities develop opportunities for experienced behavioral healthcare agency staff to teach (e.g., in human services programs, psychology classes, etc.) or to participate in relevant curriculum development committees.
3. Help colleges and universities develop and supervise an expanded number of internship opportunities for their students who are interested in work experiences within the behavioral healthcare agencies in the community.
4. Explore opportunities for expanded college volunteers within the behavioral healthcare agencies and partner with other service programs on campus that would like to focus on supportive services to behavioral healthcare agencies.
5. Explore ways in which behavioral healthcare staff can be supportive of college and university counseling programs for students on campus who are experiencing emotional difficulties within their educational environments.

11. Supporting Clients in School: An Educational Resource Center

Objective: To provide a centralized resource for those with serious mental illnesses in the community to support them when they are engaged in educational activities.

Activities: A formal Educational Resource Center (ERC) would be established to provide a variety of resources to support students with mental illnesses in pursuing their educational goals. Although based in one agency, the resources will be available to programs and students throughout the community. The ERC will engage in a number of inter-related activities to:

1. Sponsor informational programs at the behavioral healthcare agencies in the community to familiarize service consumers with the array of educational resources and supports available to them.
2. Sponsor both a peer-support group for consumers who are in educational programs and opportunities for students to share their experiences with consumers considering entering educational programs.
3. Sponsor a support group for family members of students, to help them develop the skills they may need to be supportive of their family member's educational activities.
4. Advocate for funding for "Supported Education Counselors" – including the use of Certified Peer Specialists – who will offer individualized support to students with serious mental illnesses.
5. Work with area training programs; business, technical, and trade schools; and colleges to develop "educational accommodations" that help make it possible for students to succeed.
6. Sponsor a "drop-out" resource – peer counseling, weekly group sessions, mediation with schools – to help students facing a crisis (e.g., financial or educational or emotional) to remain in school.
7. Sponsor an annual conference – designed for behavioral healthcare staff, students in educational programs, and training school and college staff – to discuss emerging issues and emerging strategies.
8. Offer resources to area schools and colleges – training for teachers, consultation with Offices of Disabled Students, hot-line resources – to provide support for integrating students with serious mental illnesses.

12. Addressing Post High School Transition Services

Objective: To assist high school students with serious mental illnesses to move forward with their educational and/or employment aspirations.

Implementation: The County will sponsor an annual meeting between the behavioral healthcare agencies and local high school counseling personnel to build a stronger network of support for students with serious mental illnesses, working to keep them in school until graduation and then linking them to work and/or to jobs. The annual meeting will focus on a variety of issues, raising awareness on the post-school transition process in order to:

1. Sponsor a "peer speaker" program to provide high school students with serious mental illnesses with positive role models of individuals like themselves who have moved forward from high school to productive jobs or educational advancement.
2. Work with high schools to insure that post-school planning offers opportunities for students with serious mental illnesses to enter jobs and/or educational programs.

Social Participation

People with serious mental illnesses often report themselves to be socially isolated from others in their communities. Compared to those without psychiatric disabilities, they report substantially smaller numbers of

close friends, supportive relationships, and social activities. A lack of personal connection – the absence of friendships and a supportive social network – can be a substantial barrier to community integration. The often gradual process of disconnection feeds itself: the stigma surrounding mental illness encourages people in the community to avoid social engagement with those who have mental illnesses *and* encourages those with mental illnesses to avoid what they fear will be uncomfortable contact with community members. While in-house programs – social activities within hospitals, psychosocial rehabilitation programs, and community mental health centers, etc. – can provide valuable opportunities for consumers to enjoy themselves and develop the skills they will need for community life, focusing on community integration also suggests broadening the ways in which consumers can move more quickly toward building strong, supportive social networks within the broader community. Both individual friendships and social networks, however, are best approached indirectly: both are often built on shared activities and a sense of mutual contributions to the relationship.

These recommendations recognize that there have always been, and remain, several kinds of challenges to building broader opportunities for integrated social participation for those with serious mental illnesses. On the one hand, there are pragmatic concerns: basic transportation to and from social events can be difficult for those with serious mental illnesses, particularly in a community in which there is only minimal public transportation; many consumers have limited funds to spend on enjoying the social opportunities in their communities; and agencies are increasingly hard pressed to allocate the staff time that may occasionally be required to help consumers build these connections to the “after work” social lives of those in the community. On the other hand, there are concerns about the level of motivation among consumers, who are sometimes wary of community reactions to them, occasionally more comfortable leaving the planning of social activities to agencies, and periodically resigned to limiting their networks to others with mental illnesses. In addition, communities themselves are often wary – and sometimes hostile – to this aspect of community integration.

A strong community integration plan, however, builds on the current levels of social integration in community settings, seeking to expand the numbers of people who take the chance of going beyond their comfort level by venturing into new territory, and seeking to develop an alliance of consumers, families, agencies, and community organizations that are committed to widening opportunities for people with mental illnesses to enjoy and contribute to the vitality of community life.

13. Helping Agency Staff Develop the Skills Needed for Promoting Social Participation.

Objective: To increase the degree to which behavioral healthcare staff has the knowledge and skills needed to promote social participation.

Activities: Development of a Collaborative Committee to design and implement a training program for behavioral healthcare staff that include a variety of skilled approaches that direct care staff can use to assist clients in socially connecting to their neighbors. The Collaborative Committee would:

1. Survey the community to identify an array of existing social opportunities – recreational, social, hobby, athletic, etc. – and develop an informal registry for distribution to agencies and individuals.
2. Design a training program for agency staff that provides guidance and resources for working with clients to emphasize the importance of social connections; identify clients’ interest areas; and develop individualized plans for clients that support increasing levels of social participation over time.
3. Develop additional training programs – for both staff and clients – on group facilitation in social settings and individual leadership training around social participation issues.

14. Preparing the Community for the Social Participation of People with Mental Illnesses

Objective: To work with community organizations and individuals to build both acceptance and support for the social participation of people with mental illnesses.

Activities: A Joint Committee – composed of representatives of behavioral healthcare providers and community organizations – could design and develop an array of educational programs to help community members understand, accept, and support the social participation of people with mental illnesses. The Joint Committee could:

1. Identify leaders in local community organizations – e.g., in faith, service, athletic, cultural, and college settings – to work with behavioral healthcare providers in opening opportunities for broader social participation through the engagement of individuals and organizations in a common effort
2. Develop related public education activities – to include a mix of informational campaigns using written materials, public service announcements, and a speakers' bureau – to provide information to the community on the importance of social participation and the contributions that community members can make.
3. Plan for “interaction opportunities,” to include the development of mentoring relationships – one-to-one linkages between community members who volunteer to support mental health consumers' participation in community activities in which the local volunteer and the mental health consumer have a common interest.
4. Structure additional activities, including staff/client “mentoring partnerships,” peer specialist/consumer partnerships, and client-to-client partnerships – all designed to improve the comfort level of individual consumers in their participation in mainstream social activities – with training provided to community members, staff, peer specialists, and other clients.

15. Sharing Social Participation Resources

Objective: To create ongoing mechanisms to develop and share resources among local behavioral healthcare agencies that support the social participation of mental health consumers.

Activities: A single agency could serve as the resource center for information about emerging social opportunities, free tickets, financial resources, and mentoring relationships, etc., serving as a center for inter-agency communication and a “single point of contact” for community groups or individuals. The central agency could:

1. Ask each agency to forward a monthly list of their own social programs and the community events or activities of which they are aware, to be distributed by e-mail to agencies and in written form to consumers throughout the service area.
2. Receive donations of tickets to community events from agencies who cannot make full use of the donations themselves, and then notify other agencies of the availability of the tickets for their clients.
3. Develop mentoring relationships on a community-wide basis rather than agency by agency, to insure the best “matches” (of individuals and interests).
4. Solicit funding to support client participation in social events – asking foundations, individuals, businesses, etc., to contribute support to the central resource, to be distributed as equally as possible to collaborating agencies.
5. Support a “social participation peer support group” for clients (and, possibly, mentors) who may require

a setting in which they can discuss difficulties and successes in their social integration efforts.

Housing Supports

Housing supports for people with psychiatric disabilities are an essential aspect of community integration: indeed, every survey of consumer aspirations identifies “a decent place to live” as a priority issue. Providing housing supports has long been a pressing problem for mental health systems and continues to be a real challenge. Although significant progress has been made over the past decade, far too many people with psychiatric disabilities still live in physically inadequate housing, geographically isolated settings, and more sheltered living environment than they want or need.

For those consumers who do live in mental health sponsored housing, there is a sense that logjams in the system make it difficult for current residents to move to more independent living. For those living more independently, some clearly are comfortable and satisfied with their current housing but others may be dissatisfied with the physical environment or uncomfortable living with family members or roommates. The challenge is to develop a range of housing supports that meet the varied aspirations of consumers in this critical life dimension.

There are several barriers to providing more appropriate housing supports. The most prominent concern is the cost of area housing: consumers of mental health services – both those dependent on SSI/SSDI financial support and those in entry-level full-time or part-time employment – often find decent independent housing financially out-of-reach. This results from the national crisis in low-income housing, which impacts those with and without mental illnesses. But both staff anxiety and client resistance are concerns as well: staff members are often anxious about the ability of clients to meet the challenges of living more independently and clients may be resistant to the challenge of leaving comfortable supportive housing arrangements. Intensifying these concerns is the absence of adequate supports for clients who do choose to move forward toward more independent – and residentially integrated – housing.

A comprehensive community integration plan acknowledges the need for individual agencies and their clients to confront these concerns by building a series of community-wide initiatives that can help individual consumers move effectively toward more independent housing, increasing their opportunities for more meaningful community integration.

16. Creating a Community-Wide Housing Resource Center

Objective: To combine the resources of the County and individual agency housing initiatives in a single coordinated program.

Activities: Development of a Housing Resource Center, which can assist individual agencies in both developing and coordinating housing services for those with serious mental illnesses. The Housing Resource Center would:

1. Help determine the adequacy of the current housing circumstances of consumers, with a focus on physical adequacy, client concerns and aspirations, and barriers to more independent living.
2. Develop a common referral source for realtors, apartment managers, and other resources for finding affordable housing for those with serious mental illnesses.
3. Manage a common fund to provide loans and grants covering apartment deposits, apartment rent payments during short-term hospitalizations, and upgrading of apartment furnishings.

4. Design a “housing toolkit” to be used by both staff and clients in each of the area agencies, providing guidance on the acquisition and maintenance of apartments for more independent living.

17. Working Collaboratively to Develop New Housing

Objective: To expand the pool of affordable housing available for individuals with serious mental illnesses in the community.

Activities: An Ad Hoc Committee composed of agency and consumer representatives, local developers and civic leaders would explore several avenues to insure that new commercial and/or public housing development includes opportunities for people with disabilities. The Ad Hoc Committee could:

1. Contact and collaborate with local developers of new single-family housing and apartment complexes to explore the possibility of insuring that some numbers of units in each setting are set aside for people with disabilities, including those with psychiatric disabilities.
2. Explore home ownership opportunities with other low-income housing agencies in the County, including the prospects for extending home ownership training programs and home ownership loan opportunities to people with serious mental illnesses.
3. Work closely with Habitat for Humanity to expand the current efforts in the County to build new homes that can be made available to people with serious mental illnesses.

18. Community Education: A “New Neighbors” Initiative

Objective: To strengthen the acceptance and engagement of communities in welcoming new neighbors with serious mental illnesses.

Activities: A Joint Committee on Community Education will coordinate a variety of activities designed to inform and elicit the support of local neighborhoods as new housing initiatives take shape. The Joint Committee would:

1. Work with realtors – individually or as a group – to insure that they are aware of and sensitive to the needs of those with serious mental illnesses.
2. Develop a speaker’s bureau and print materials that speak directly to the concerns of neighbors, civic associations, and individuals who are directly impacted by the expansion of housing supports.
3. Consult with local housing groups, the Fair Housing Council, and other organizations to ensure an appropriate response to groups opposing community-housing services for those with mental illnesses.

Religious and Spiritual Connections

Only in recent years have mental health professionals begun to recognize the importance of religious and spiritual activity in the lives of those with serious mental illnesses. Although many public and private psychiatric hospitals have long provided their residents with religious services and access to pastoral counseling, community agencies have done less to help those they serve in connecting with local religious or spiritual communities. Consumers have been at the forefront of the movement to insure that those who live in community settings are able to find not only a decent place to live, a good job, and a social network, but also congregations and religious counselors that can help them either re-connect to their faith or to find a system of beliefs that help to give purpose and/or meaning to their lives.

However, many report that making these religious connections to the community has often been difficult, for a variety of reasons. In a few faiths, serious mental illness is believed to be a sign of a lack of genuine religious feeling, making it difficult for consumers to feel at home in a fundamentally disapproving congregation. In many other churches and synagogues, a lack of knowledge about mental illness and how to respond to people with mental illnesses prompts either a hostile or distancing response to the troubled individual. In other settings, difficult personal behaviors – particularly during services – make other members of the congregation uneasy. Finally, it must be noted, many mental health professionals have been reluctant to acknowledge or address the religious and spiritual dimension of their clients' lives. Despite all of this, a number of individual congregations and religious organizations have gone out of their way to address the faith needs of those with serious mental illnesses; and pastoral counseling has become a somewhat more familiar aspect of community mental health programming. Local agencies can draw on many of those efforts to frame their local work.

It is useful to note that there are both direct and indirect benefits associated with connections to religious and spiritual communities. For clients seeking to reconnect with a faith community, finding meaning in religious beliefs, regular worship services, and religious study can lend an immeasurable quality to their lives. Indirectly, this connection sometimes may also strengthen the individual's social network and self-concept, a welcome but secondary benefit for many clients with deep religious traditions and/or beliefs.

19. Providing Education and Religion and Spirituality

Objective: To insure that consumers, staff, religious leaders, and congregants are aware of and able to respond to the religious/spiritual needs of those with mental illnesses.

Activities: Development of a Religion/Spirituality Working Group charged with developing educational programming about the religious and/or spiritual needs of consumers of mental health services. The Working Group would:

1. Use both the formal (e.g., seminary) training of religious leaders and informal community programs (e.g., workshops and seminars) to make leaders of local religious and/or spiritual groups aware of the faith interests of consumers; and sensitizing religious leaders to the roles they can play in meeting those needs through their own actions and the work of their congregations.
2. Develop workshops and seminars for current mental health staff about the religious and/or spiritual needs of the consumers they serve and the resources available in local communities.
3. Design and implement, in both traditional programs and consumer-run settings, educational programs for consumers that discuss religion, acknowledge consumers' religious concerns, and familiarize consumers with the choices they have in this regard.

20. Using Existing Resources to Promote Greater Congregational Acceptance/Activity

Objective: To strengthen the degree to which local congregations accept and support the presence of persons with serious mental illnesses in their congregations.

Activities: Development of a "toolkit" – with contributions from consumers, pastoral counselors, local congregants, etc. – to help individuals who wish to facilitate the connection between consumers and congregations. The toolkit would:

1. Support the work of individual consumers as “congregational educators” by providing both support and guidance to individual consumers who want to work with their own congregations in broadening pastoral and congregant understanding of mental illness and the ways to support those with mental illnesses in connecting to their religious roots.
2. Support individual pastoral counselors, both those within mental health settings and those in existing congregations, in undertaking educational programs designed to increase the understanding and acceptance of their congregants with regard to those with serious mental illnesses.
3. Support individual mental health staff who wish to work with their own congregations in expanding the understanding and acceptance of people with serious mental illnesses, including the possibility of connection among a staff person, a pastoral counselor, and a consumer interested in working together.
4. Build consumer/congregant connections by providing guidance and support to help congregations that seek to connect one consumer to one congregant, who can provide a warm welcome to religious events, provide emotional support and guidance with regard to their participation in services and activities, and serve as a facilitator of the consumer’s integration into the congregation.
5. Provide support to emerging partnerships between one congregation and one provider to share resources (e.g., basketball courts and conference rooms), and offer volunteer activities (in both directions) for consumers and congregants who want to share their own time.

Next Steps

What, then, can you do to promote community integration? These 20 suggestions – embracing 80 different types of activities across six life dimensions (civic engagement, competitive employment, educational advancement, social participation, housing supports, and religious/spiritual connection) provide a fairly broad range of options for the individual, organization, or collaborative to discuss; and there may be other ideas you or your colleagues in the mental health community want to pursue. Of course, it will be impossible to do it all, but there are a number of ways you and your colleagues could begin to focus your work.

- First, you may want to work collaboratively. If you are an individual consumer or family member, a new rehabilitation worker or an experienced program administrator, it may be useful to draw together some like-minded people to talk about the concept of community integration and the wide range of options for action across these six life dimensions. A few of these suggestions can be implemented by one or a few individuals, and many can be undertaken by a single agency. However, you are likely to have a more substantial impact in your community if you form a broadly representative group – of consumers and families, public and private agencies, advocates and administrators – to work toward a set of priorities.
- Second, a good place for your group to start may be a “community integration survey” in which consumers and providers have an opportunity to report on their current levels of engagement in the community. A strong survey can not only identify those areas in which there are strong community connections to be drawn upon for future work, but also put a spotlight on those life dimensions where many will report that those with serious mental illnesses remain outside the mainstream of community life.
- Third, rather than take on too many projects at once, establish clear priorities, by consensus, and begin working on them with your new collaborators. A year later, you’ll be surprised by how much has been accomplished, and you’ll be encouraged to continue.