



# TREATMENT SUPPORTS

IT IS EASY TO GET CAUGHT UP WITH MEDICATION AND THERAPY APPOINTMENTS, BUT MOST PEOPLE DO NOT RECOVER THROUGH ANY ONE ACTION ALONE. A BALANCED MIND STILL NEEDS OPPORTUNITIES TO PRACTICE SKILLS LEARNED IN THERAPY THROUGH MEANINGFUL INTERACTIONS WITH THE WORLD AROUND THEM. RECOVERY IS BEST ACHIEVED WHEN A FULL TREATMENT PLAN PROMOTES INCLUSION AND CONNECTION THROUGH COMMUNITY INVOLVEMENT AND PEER SUPPORT. TALK WITH YOUR LOVED ONE AND HELP THEM DETERMINE HOW THEY WOULD LIKE TO ENGAGE WITH THOSE AROUND THEM.

## COMMUNITY INCLUSION

Community inclusion is increasingly being recognized as one of the most important concepts for fostering and assessing the recovery of people with mental illness.<sup>1</sup> Studies show that re-connection with society promotes recovery and decreases the chance of relapse.<sup>2</sup>

Community inclusion means that all people, regardless of their health care needs, have the right to be respected as members of their communities. Those with mental illness, just like everyone else, should have the right to participate in recreational activities in neighborhood settings, work at jobs in the community that pay a competitive wage, explore and use their skills and abilities to the fullest, and pursue educational opportunities with their peers.

People with mental illnesses face a lack of community inclusion made worse by common hinderances such as transportation/location, financial barriers, access to services, stigma or discrimination, and physical issues.

A common struggle for caregivers who are trying to get their loved ones reengaged with the community is a broad lack of support outside the family and few resources available to those in need.

Peer support and other forms of community engagement can close the gap between people with mental illness and their surroundings. The feeling that they have purpose and belong to

something bigger than themselves can play a critical role in the recovery of loved ones.

A 2016 survey by Mental Health America (MHA) surveyed caregivers on the eight domains of community inclusion. Here are some of the results:<sup>3</sup>

> **Housing:** Forty-five percent of people with mental illnesses receiving care in the home of their caregiver, yet only one-third of caregivers reported that their loved one was involved or very involved with their choice of housing. It may be hard for your loved one to find and keep a home, but there is hope no matter where they are. Supervised and partially-supervised group housing, supportive housing, and rental housing may be good options. Try looking in your community for housing-first initiatives, community development agencies, and home ownership programs

> **Employment:** A majority of caregivers reported that their loved one had very little involvement with competitive employment, with just 18 percent reporting their loved one was actively involved. In the past, people with mental illness were often discouraged from working; today, we understand that work is not only a possibility, but also can play a vital role in recovery. Training programs, supported employment or individual placement programs, mentors, and employment specialists can help your loved one find employment.

- > **Education:** Less than 25 percent of caregivers responding to the survey reported that their family member was involved or very involved with school supports. Education can accelerate your loved one's recovery through broadening their intellectual, social, and emotion horizons. Community and career colleges, supported education, special education and alternative secondary schools, GED and high school equivalency programs and academic accommodations can offer academic opportunities for your loved one.
- > **Health and wellness:** Thirty percent of caregivers reported that their loved one was involved or very involved in health and wellness activities. What is good for your body is good for your mind. Community health clinics or gyms offer a variety of programs. If your loved one is dealing with an issue like Bipolar Disorder, consider support groups through an organization like Depression and Bipolar Support Alliance (DBSA). Find your local MHA affiliate and see what programs they offer at <https://arc.mhanational.org/find-affiliate>.
- > **Religion:** Some caregivers found that their loved one's religious organization was often the only inclusive community institution. Not only can religious involvement help your loved one find connections, but it may also directly benefit their mental health.<sup>4</sup> If your loved one is interested, you can

encourage participation in congregation, bible study groups, trips, food drives or volunteer work.

- > **Friendships:** Caregivers reported that their loved ones had extremely low involvement (26 percent) with friends. Think about your loved one's interests and what they like to do for fun, and together you can search for interest-based groups through apps like Meetup or Facebook or online community support tools like MHA's Inspire Community <https://www.inspire.com/groups/mental-health-america>. These platforms offer opportunities for your loved one to meet people who participate in activities that may interest them. Another option is connecting with a community mentor from a local agency.
- > **Family and intimate relationships:** Fifty-four percent of caregivers reported their loved one was involved or very involved with family. It's important to remember that when it comes to family –relationships can take time to heal. Re-establishing normalized roles within existing family settings (child, parents, sibling, uncle/aunt) are common long-term goals. Caregivers reported that just twenty-five percent of their loved ones were involved in intimate relationships. Intimate relationships may be most appropriate when your loved one has reached a certain point in their recovery.

## PEER SUPPORT

Peer support offers individuals living with a mental illness the opportunity to connect with someone like them, who understands them. Rooted heavily in themes of trust and compatibility, peer support specialists are trained to teach skills, and help individuals in recovery lead a meaningful life in their community. Peers can help educate, mentor, and motivate your loved one by relating their own unique experience living with mental health conditions to that of your loved one.

Peer support has been found to be related to the following health outcomes and benefits:<sup>5</sup>

- The sense of togetherness can model recovery and offers hope
- Increased sense of control and ability to bring about change in his/her own life
- Increased sense that treatment is responsive and inclusive of needs
- Increased engagement in self-care and wellness
- Decreased psychotic symptoms
- Reduced hospital admission rates
- Decreased substance use and depression

Peer support can help your loved one learn skills, give them the support they need, and promote inclusion in their community to achieve a full and satisfying life.

It can be hard for caregivers to connect with their loved ones if they don't have the same first-hand experiences as them. It is important to remember that just because you may not be able to relate with your loved one like you wish or feel you should, it does not make you any less valuable for that person, nor does it undermine your relationship with them.

Contact your local MHA affiliate to get information about peer support groups, drop-in centers or peer respites in your area at <https://arc.mhanational.org/find-affiliate>.

## SOURCES

<sup>1</sup>Plotnick, D. (2015). Community Participation and Inclusion: Shifting Perspectives on Quality Measures. Mental Health America, Alexandria, VA. Retrieved from [http://www.tucollaborative.org/sdm\\_downloads/community-participation-and-inclusion-quality-measures/](http://www.tucollaborative.org/sdm_downloads/community-participation-and-inclusion-quality-measures/)

<sup>2</sup>Social Exclusion Unit (UK) (2004) Mental Health and Social Exclusion, London. Retrieved from [http://www.nfao.org/Useful\\_Websites/MH\\_Social\\_Exclusion\\_report\\_summary.pdf](http://www.nfao.org/Useful_Websites/MH_Social_Exclusion_report_summary.pdf)

<sup>3</sup>Plotnick, D. (2015). Community Participation and Inclusion: Shifting Perspectives on Quality Measures. Mental Health America, Alexandria, VA. Retrieved from [http://www.tucollaborative.org/sdm\\_downloads/community-participation-and-inclusion-quality-measures/](http://www.tucollaborative.org/sdm_downloads/community-participation-and-inclusion-quality-measures/)

<sup>4</sup>Tepper, L., Rogers, S., Coleman, E. & Malony H.N. (2001). The prevalence of religious coping among persons with persistent mental illness. *Psychiatric Services*. 52(5):660-665. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11331802>

<sup>5</sup>Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012, June). *Peer support among persons with severe mental illnesses: a review of evidence and experience*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22654945>.

**CARING FOR YOURSELF IS AN IMPORTANT PART OF BEING A CAREGIVER**

Being a caregiver can be hard, so it's important to check in on your own mental health from time to time.

Visit [mhascreening.org](https://mhascreening.org) to take a free, anonymous, and confidential screen.

