MENTAL ILLNESS

Mental illness is a highly prevalent, life-threatening disease that affects millions of people around the world. It is a disease that:

- Strikes people of all ethnic groups, religions and economic brackets.
- Strikes the young, and often goes undiagnosed and untreated for many years.
- Threatens lives everywhere: in America, more people die from suicide than from cancer, homicide or HIV/AIDS.
- Has a significant impact on human productivity, causing as many lost days of work as cancer, heart attacks or back pain.
- Has a staggering impact on the global economy.

MENTAL ILLNESS IS TREATABLE

- However, there is hope for people who have it.
- People can recover from mental illness with good treatment and, most importantly, a reliable support system of other people.
- The emergence of Clubhouses in many countries around the world are demonstrating that people with mental illness can successfully participate in society through education, employment and other social activities.
- Accredited Clubhouses offer people who have mental illness hope and opportunities to achieve their full potential.

THE CLUBHOUSE AS AN EVIDENCE BASED PRACTICE MODEL

The Clubhouse International: http://www.clubhouse-intl.org/
WHAT IS A CLUBHOUSE

THE MISSION

The International Center for Clubhouse Development is a global network creating opportunities for people living with mental illness to be respected members of society.

OUR BELIEFS

- Recovery is possible.
- Clubhouses provide an environment that is restorative and promotes recovery.
- Every society has a responsibility to support and include people with mental illness.
- Clubhouses are possible everywhere.
- Every community has people who are willing to help.
WHAT IS A CLUBHOUSE?

- A Clubhouse is a community of people who are working together to achieve a common goal – recovery from mental illness.

- A Clubhouse is first and foremost a local community center that offers people who have mental illness hope and opportunities to achieve their full potential. Much more than simply a program or a social service, a Clubhouse is most importantly a community of people who are working together to achieve a common goal.

- A Clubhouse is organized to support people living with mental illness. During the course of their participation in a Clubhouse, members gain access to opportunities to rejoin the worlds of friendships, family, employment and education, and to the services and support they may individually need to continue their recovery. A Clubhouse provides a restorative environment for people whose lives have been severely disrupted because of their mental illness, and who need the support of others who are in recovery and who believe that mental illness is treatable.

- A Clubhouse is a membership organization, and the people who come and participate in a Clubhouse are its members. Membership in a Clubhouse is open to anyone who has a history of mental illness. This idea of membership is fundamental to the Clubhouse concept: being a member of an organization means that an individual has both shared ownership and shared responsibility for the success of that organization.

SOME FACTS ABOUT CLUBHOUSES

- Almost 400 clubhouses in 30 different countries
- 20 new clubhouses opening each year
- 318 clubhouses belong to the International Center for Clubhouse Development (ICCD)
- 150 ICCD Certified Clubhouses

ABOUT ICCD: A GLOBAL RESOURCE

Today there are 337 ICCD Clubhouses in 29 countries and more than 20 new Clubhouse Working Groups. 55 thousand individuals served worldwide.
The Club House Movement: Creating Sustainable Communities of Wellness and Well-being

Deborah Wilcox

WHAT DO CLUBHOUSES OFFER?

- A work-ordered day in which the talents and abilities of members are recognized and utilized within the Clubhouse
- Participation in consensus-based decision making regarding all important matters related to operating the Clubhouse
- Opportunities to obtain paid employment in mainstream businesses and industries through a Clubhouse-created Transitional Employment Program. In addition, members participate in supported and independent programs
- Assistance in accessing community-based educational resources
- Access to crisis intervention services when needed
- Evening/weekend social and recreational events
- Assistance in securing and sustaining safe, decent and affordable housing

CLUBHOUSE EMPLOYMENT SERVICES

- Transitional Employment
- Supported Employment
- Independent Employment

TRANSITIONAL EMPLOYMENT (TE)

- With TE members can work in meaningful part-time jobs outside the Clubhouse procured through partnerships with community entities and businesses. The member selected by the Clubhouse community for these position(s) are trained by a Clubhouse staff and/or member who are in charge of that particular placement. As an incentive to the employer, job attendance and performance are guaranteed, as a staff and/or member will support or even fill-in for the Clubhouse member if he or she needs to be absent for any reason. Each member contribution at a Transitional Employment position is designed to be transitional and temporary, lasting for six to nine months, as these positions belong to the Clubhouse, and are designed in such a way so that ideally all members will have an opportunity to work. Each member of a Clubhouse who participates in a TE position is guaranteed to earn at least minimum wage. Additionally, all TE positions are entry level so that many members have the opportunity to work. The most important factor in placing members is the individual's desire to work.
SUPPORTED EMPLOYMENT (SE)

With Supported Employment the Clubhouse community helps an interested member obtain his or her own employment (part-time or full-time) and serves as a resource and support for resume prep, interviewing skills, transportation, and employer liaisons.

INDEPENDENT EMPLOYMENT (IE)

With Independent Employment, the member is meaningfully and gainfully employed (part-time or full-time) without the intervention (but always with the support) of the Clubhouse community.

BRIEF HISTORY

- Fountain House: The First Clubhouse (1948)
- Beginning of Clubhouse Training: Expansion of the ICCD Clubhouse Model (1977)
- National Clubhouse Expansion Project (1987)
- Establishment of the Faculty for Clubhouse Development (1988)
- Development of International Standards for Clubhouse Programs (1989)
- Creation of ICCD (1994)
The Club House Movement: Creating Sustainable Communities of Wellness and Well-being
Deborah Wilcox

THE ICCD – AN INTERNATIONAL ORGANIZATION-CALGARY, CANADA

THE ICCD – AN INTERNATIONAL ORGANIZATION-THE BRONX

THE ICCD – AN INTERNATIONAL ORGANIZATION-FINLAND
The Club House Movement: Creating Sustainable Communities of Wellness and Well-being
Deborah Wilcox

THE ICCD – AN INTERNATIONAL ORGANIZATION-MILWAUKEE

Mission Statement
At Goodwill Easter Seals Miami Valley, we empower people with disabilities and other needs to achieve independence and enhance their lives.

Vision Statement
Our vision is to make it possible for all people to live, learn, work and play in their communities.

Dayton, Ohio
MIRACLE CLUBHOUSE

Grand Avenue Clubhouse
The Club House Movement: Creating Sustainable Communities of Wellness and Well-being

Deborah Wilcox

History of Miracle Clubhouse

- Working Group – 2009
- Greater Dayton Clubhouse – 2010
- Partnership with GESMV – 2011
- Miracle Clubhouse – opened February 1, 2012
- New Clubhouse opened July 27, 2015
- New building is located at 243 Warren St
  Dayton OH 45402

- Friends and family members
- People of the community
- Hard working individuals
- People from all walks of life

are now located at:

23 9th Avenue South
Hopkins, MN 55343
The Club House Movement: Creating Sustainable Communities of Wellness and Well-being
Deborah Wilcox

VAIL PLACE
MINNEAPOLIS, MN

Mission and Outcomes
Cultivating hope and inspiring change to promote mental health recovery.

What We Accomplished in 2013:
- 1,654 people served
- 319 members received Housing services – assistance finding and retaining stable housing
- $684,462 – gross income of all members working
- 442 received Case Management services
- 13,799 total meals served

THE ICCD – AN INTERNATIONAL ORGANIZATION-FLORIDA

Vincent House
Evidence Based Practice

- Evidence Based Practices or EBPs, (also known as empirically-supported treatments or EST’s) are mental/behavioral health interventions, models or programs in which scientific research is used to show effectiveness.
- The aim of EBP is that the best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments and facilitate cost-effective care.
What is Recovery?

Recovery is often called a process, an outlook, a vision, a conceptual framework, a guiding principle. There is no single agreed upon definition of recovery. However, the main message is that hope and restoration of a meaningful life are possible, despite serious mental illness. Recovery is ... "both a conceptual framework for understanding mental illness and a system of care to provide supports and opportunities for personal development. Recovery emphasizes that while individuals may not be able to have full control over their symptoms, they can have full control over their lives. Recovery asserts that persons with psychiatric disabilities can achieve not only affective stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspirations." (Pat Deegan & Bill Anthony)

Top 10 Components of Recovery According to SAMHSA

1. Self-Directed
2. Individualized and Person-Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-Based
7. Peer Support
8. Respect
9. Responsibility
10. Hope
THE CLUBHOUSE AS A PATHWAY TOWARD RECOVERY

The Clubhouse Standards

- Membership
- Relationships
- Space
- Work-Ordered Day
- Employment
- Education
- Functions of the House
- Funding, Governance & Administration

THE CLUBHOUSE STANDARDS & SAMHSA'S RECOVERY PRINCIPLES

Component #1 - Self-Direct: Consumers lead, control, exercise choice over, and determine their own path of recovery by exercising autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

(Clinchouse Standards: #1, #3, #5 & #19)

Component #2 - Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

(Clinchouse Standards: #15, #19, #28)

Principle #3 - Shared Decision Making: Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision making and facilitate partnerships with other persons identified by the individual receiving services.

(Clinchouse Standards: #5, #8, #11, #14, #20, #27, #28, #36)

THE CLUBHOUSE STANDARDS & SAMHSA'S RECOVERY PRINCIPLES

Component #3 - Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

(Clinchouse Standards: #1, #3, #5)

Component #4 - Inclusive: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, recreation, mental health and healthcare treatment and services, complimentary and naturalistic services (such as recreational services, libraries, museums, etc.), addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

(Clinchouse Standards: #12, #22, #23, #24, #25, #27, #29, #31)
THE CLUBHOUSE STANDARDS & SAMHSA’S RECOVERY PRINCIPLES

Component #5 - Non-Linear: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.
(Clubhouse Standards #1 & #3)

Component #6 - Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resilience, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
(Clubhouse Standard #15)

Component #7 - Peer Support: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
(Clubhouse Standards 27, 35, 36)

Component #8 - Respect: Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one’s self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
(Clubhouse Standards #4, #5, #7, #14, #15, #20, #22, #26)

Component #9 - Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
(Clubhouse Standards #9, #11, #16, #27)

Component #10 - Hope: Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.
(Clubhouse Standards – ALL!)

PERSONAL STORIES
DIALOGUE

- How can Wellness practices support sustained mental health recovery?
- How can Wellness practitioners benefit from the Club House Movement?
- How can the Club House Movement benefit from the services of Wellness practitioners?
About Us

Clubhouse International is multi-national non-profit organization that helps communities around the world create sustainable solutions for mental illness by developing and nurturing new and existing Clubhouses.

Now over 300 worldwide, Clubhouses are community-based centers that offer members opportunities for friendship, employment, housing, education, and access to medical and psychiatric services through a single caring and safe environment, so members can achieve a sense of belonging and become productive members of society.

Clubhouse International oversees the creation and evolution of rigorous quality standards (Clubhouse Accreditation); develops and delivers quality training and consultation to help Clubhouses achieve and maintain Accreditation; manages the Accreditation process; and coordinates ongoing research, advocacy and communications efforts aimed at improving public awareness of the effectiveness of our Clubhouse approach, now included in the US National Registry of Evidenced-Based Programs and Practices (NREPP).

Our strategic priorities fall into six mission-critical categories:

- **Expansion**: accelerate the growth of Clubhouses so that more people with mental illness in more communities around the world can find and receive the help and support they so desperately need
- **Accreditation**: grow the number of Accredited Clubhouses to ensure the continued consistency and quality of the Clubhouse experience for members, no matter where they are
- **Training**: increase the number and scope of our training programs to support new Clubhouse development and Accreditation around the world
- **Research**: increase the quantity and quality of research that demonstrates the effectiveness of our Clubhouse model to the mental health field globally
- **Advocacy and Public Awareness**: enhance and coordinate advocacy and outreach efforts to help end the stigma surrounding mental illness and promote public support and funding for the Clubhouse model around the world
Established in 1994, International Center for Clubhouse Development (ICCD), doing business as Clubhouse International, is a global non-profit, non-governmental organization.
A TOOLKIT for Evaluating Programs Meant to Erase the Stigma of Mental Illness

Patrick Corrigan
Illinois Institute of Technology

Note: Revised February 3, 2012

This work was made possible by grants MH62198-01 and MH085981 for the National Consortium on Stigma and Empowerment, plus MH66059-01 and AA014842-01 with P. Corrigan, P.I. All the materials herein solely represent the research and subsequent opinion of the P.I.
Your responses should reflect your overall opinion about people with serious mental illness in general. Answer them on the nine point scale (1=strongly agree, 9=strongly disagree).

1. People with mental illness have goals in life that they want to reach.

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2. People with mental illness believe that they can meet their current personal goals.

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3. People with mental illness have a purpose in life.

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4. Even when people with mental illness don’t care about themselves, other people do.

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5. Fear doesn’t stop people with mental illness from living the way they want to.

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6. People with mental illness believe something good will eventually happen.

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7. People with mental illness are hopeful about their future.

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8. Coping with mental illness is not the main focus of the lives of people with mental illness.

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9. The symptoms that people with mental illness experience interfere less and less with their life.

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10. The symptoms that people with mental illness experience are a problem for shorter periods of time each time they occur.

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11. People with mental illness have people they can count on.

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12. Even when people with mental illness don’t believe in themselves, other people do.

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13. It is important for people with mental illness to have a variety of friends.

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The Recovery Scale (RS) Score Sheet

Name or ID Number________________________________ Date ____________

The RS consists of 13 items; higher scores represent greater negative attitudes toward people with mental illness having the capability to overcome their psychological problems.

_______ Recovery Potential = RS1 + RS 2 + RS 3 + RS 4 + RS 5 + RS 6 + RS 7 +
RS 8 + RS 9 + RS 10 + RS 11 + RS 12 + RS 13
MENTAL ILLNESS BY THE NUMBERS.

Did you know mental illness is more prevalent than cancer, diabetes or heart disease? By 2020, behavioral health disorders will be the #1 cause of disability worldwide surpassing all other illnesses.

1 in 4 PEOPLE around the world suffer from mental disorders — more than cancer, diabetes or heart disease.

450 MILLION people worldwide have some type of mental disorder.

TEENS AT RISK
Half of those with mental disorders show signs of the disease by age 14, but it often takes more than 10 years to get treatment.

50%

$2.5 TRILLION A YEAR IN COSTS
We spend $2.5 trillion/year today (direct and indirect) on mental illness and are expected to spend $6 trillion by 2030 worldwide. More than heart disease, cancer and diabetes.

90 SUICIDES EVERY HOUR
Nearly 2,200 people/day (800,000/year) die by suicide—90% related to mental disorders.

INCARCERATIONS
360,000 people with mental illness are housed in under-equipped US jails. 35,000 are in hospitals.

MENTAL ILLNESS ACCOUNTS for 20% of the global burden of disease.

INADEQUATE HEALTHCARE

Only 3% of the world’s healthcare budgets goes to mental health needs.
A WORLDWIDE COMMUNITY FOR CHANGE.

FACT: Clubhouse International supports “Clubhouses” around the world where people living with mental illness can thrive.

FACT: Every day at Clubhouses around the world people living with mental illness are reclaiming their futures as part of a supportive and recovery-focused community.

THE PROOF

100,000 PEOPLE BENEFIT each year from 330+ Clubhouses in 34 countries.

42% EMPLOYMENT RATE achieved at Accredited Clubhouses each year vs. an average employment rate of 20% for people in the public mental health system.

MAXIMIZING DOLLARS One year of holistic recovery services can be delivered to Clubhouse members for the same cost as a 2-week stay in a psychiatric hospital.

ABOUT CLUBHOUSE INTERNATIONAL

Clubhouse International has succeeded in creating something that didn’t exist before: a worldwide community that is changing the world of mental health. Through local Clubhouses around the world, we offer people living with mental illness opportunities for friendship, employment, housing, education, and access to medical and psychiatric services in a single caring and safe environment—so they can recover and fully participate as valued and respected members of society.

Sources: World Health Organization; SAMHSA 2012; Clubhouse International Clubhouse Profile Questionnaire; Darkness Invisible: The Hidden Global Costs of Mental Illness, by Thomas R. Insel, Pamela Y. Collins and Steven E. Hyman, Foreign Affairs, Jan/Feb 2015 Issue; and E. Harcourt, “An Institutionalisation Effect”
Key Facts About Mental Illness

1. Mental illness is a highly prevalent, life-threatening disease that affects millions of people all around the world.
   - Mental illnesses are more common than cancer, diabetes or heart disease.¹
   - By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide.²
   - One in four people – about 450 million people worldwide – suffer from mental disorders in both developed and developing countries,¹ including:
     - 60 million from bi-polar disorder; and
     - 21 million from schizophrenia

2. Mental illness strikes the young and often goes undiagnosed and untreated for many years.

3. Mental illness threatens lives everywhere; suicide claims a life every 90 seconds.

4. Mental illness has a significant impact on human productivity.

5. Mental illness has a staggering impact on the global economy: about $2.5 trillion/year today.

6. There are inadequate resources available for combating mental illness, despite its huge impact on human productivity and life.

7. There is hope for people living with mental illness.
50% of those who will ever be diagnosed with a mental disorder show signs of the disease by age 14, 75% by age 25.¹

Few get help: 76-85% of serious cases went untreated in low and middle income countries, 35-50% of cases in high income countries.¹

There are pervasive delays in getting treatment: the median across disorders is about 10 years, contributing to greater severity, co-occurrence of mental illnesses, and lower success rates as people age.¹

Source: ¹ Prevalence, Severity, and Unmet Need for Treatment of Mental Disorders, World Health Organization World Mental Health Surveys, June 2004, Journal of the American Medical Association

3. Mental illness threatens lives everywhere; suicide claims a life every 90 seconds.

   - Every day, nearly 2,200 people in the world – some 800,000 each year – commit suicide.¹
   - In 90% of suicides, mental illness is the attributing cause.²
   - Globally, more than twice as many people die from suicide as die from homicide each year.¹
   - Suicide is the second-largest source of mortality for people aged 15-29, topped only by traffic accidents.

Sources: ¹ World Health Organization and Darkness Invisible: The Hidden Global Costs of Mental Illness, by Thomas R. Insel, Pamela Y. Collins and Steven E. Hyman, Foreign Affairs, Jan/Feb 2015 Issue ² American Foundation for Suicide Prevention

4. Mental illness has a significant impact on human productivity.

   - Mental illnesses and behavioral disorders account for 26% of the time lost to disability – significantly more than any other kind of disease.¹,²

Sources: ¹ World Health Organization ² Darkness Invisible: The Hidden Global Costs of Mental Illness, by Thomas R. Insel, Pamela Y. Collins and Steven E. Hyman, Foreign Affairs, Jan/Feb 2015 Issue

5. Mental illness has a staggering impact on the global economy: about $2.5 trillion/year today.

   - By 2030, that amount will increase to around $6 trillion a year – more than heart disease and more than cancer, diabetes and respiratory diseases combined.¹
Mental disorders often lead to other health and societal problems – HIV, heart and pulmonary diseases, diabetes and increased risk of homelessness, poverty, incarceration or institutionalization – further adding to the economic burden.

Source:¹ Source: *Darkness Invisible: The Hidden Global Costs of Mental Illness*, by Thomas R. Insel, Pamela Y. Collins and Steven E. Hyman, *Foreign Affairs*, Jan/Feb 2015 Issue

6. There are inadequate resources available for combating mental illness, despite its huge impact on human productivity and life.

   o At the government level, mental illness accounts for over 20% of all health care costs globally, but the median amount that countries spend on mental health equals less than 3% of the median they spend for all health care.¹² Many countries have no dedicated mental health care budget at all.¹

   o At the philanthropic level, the stigma associated with mental illness creates a vicious cycle of alienation and discrimination, resulting in social/political isolation and inadequate treatment approaches and resources within the community.

   o Despite a higher death rate, mental illnesses receive a fraction of the charitable donations made to combat cancer or HIV/AIDS.

7. There is hope for people living with mental illness.

   o Mental disorders can now be diagnosed as reliably and accurately as the most common physical disorders; some can be prevented, all can be successfully managed and treated.

   o People can regain their mental health, but not with medication alone. With the right treatment and support, recovery is possible.

   o Thousands of good examples exist around the world of people with mental illness not only becoming integrated into their communities, but also playing a socially productive and economically important role.¹

Source:¹ World Health Organization
“Pathways Clubhouse, the Richmond location of the Canadian Mental Health Association, participated in an independent review of the value created from funding and donations received. The study found that Pathways yields $14 in societal value for every $1 received. Fourteen to One” Source: Success Markets, Inc.

A Clubhouse is:

- A place where people with serious mental illness (members) participate in their own recovery process by working and socializing together in a safe, welcoming environment.

- An organization that operates on proven standards developed over 5 decades by Clubhouse International and effective in over 300 Clubhouses worldwide.

- A community-based approach that complements available psychiatric and medical treatments.

Active member engagement and involvement are critical components of success at Clubhouses:

- Membership is voluntary and long-term.

- Members have a key role in organizing Clubhouse activities. Staff and members work together as colleagues.

- Work, education and social activities in the Clubhouse are meaningful and help members regain self-worth, confidence and purpose.

- Clubhouses provide paid employment opportunities in local businesses for members who want work; we help members become successful employees.

The Clubhouse experience has been proven to result in positive outcomes for many members, including:

- Employment, with longer on-the-job tenure for members engaging in Clubhouse Transitional Employment. ¹
• **Cost effective**, compared to other mental healthcare approaches. The cost of Clubhouses estimated to be one-third of the cost of the IPS model; about half the annual costs of Community Mental Health Centers; and substantially less than the ACT model. ²

• **A significant decrease in hospitalizations** as a result of membership in a Clubhouse program. ³

• **Reduced incarcerations**, with criminal justice system involvement substantially diminished during and after Clubhouse psychosocial program membership. ⁴

• **Improved Well-Being** compared with individuals receiving psychiatric services without Clubhouse membership. Clubhouse members were significantly more likely to report that they had close friendships and someone they could rely on when they needed help. ⁵

• **Better physical and mental health**. A recent study suggests that service systems like Clubhouses that offer ongoing social supports enhance mental and physical health by reducing disconnectedness. ⁶

At the start of this New Year, I wanted to take time to reflect on and share all of the exciting changes and growth that Vail Place experienced in 2013. With this growth, we are approaching the year ahead with renewed energy both within our organization and in the community ... and we have all of you to thank! Many of the accomplishments noted here could not have been possible without your generosity and support.

Thank you for sharing in our mission and we look forward to bringing you many more updates throughout the year!

p.s. A member recently told me, “Vail Place is everything to me now. It is my community and my family.” Please join us for one hour of A Day in the Life of a Vail Place Member and hear more of this member’s story, and the many other members you have helped through your support.

Join us for ...

A Day in the Life of a Vail Place Member

This one hour intimate look into the journey of mental health recovery, through the eyes of Vail Place members, will leave you with a better understanding of what goes into the work we do and why we have continued to do it for more than 33 years.

To view upcoming Day in the Life opportunities, visit vailplace.org/get-involved and RSVP today!

Vail Place
15 - 9th Avenue South • Hopkins, MN 55343
www.vailplace.org

2013-2014 Gratitude Update
We are grateful every day for our Supporters and want to show you just how much YOU helped us do this past year!

The photo booth was a huge hit for Vail Place members and guests at the 2013 Tour de Vail make-up event!
Clubhouse with a view

Vail Place has been committed to the Clubhouse Model of psychosocial rehabilitation for adults with mental illness for more than 30 years. Determined an Evidence-Based Practice by Substance Abuse and Mental Health Services Administration (SAMHSA), this program is built on the belief that every member has the potential to recover from the effects of mental illness and lead a personally satisfying life as an integrated member of society. Clubhouses are organized around a belief that, and work-mediated relationships, are restorative and provide a firm foundation for growth and individual achievement. Learn more at vailplace.org/services. We are excited to share with you a view of Clubhouse in action.

Clubhouse Accreditation and training

To ensure we are continuing to provide a full range of Clubhouse opportunities, we are once again seeking Clubhouse Accreditation from Clubhouse International (formerly the ICCD). In September 2013, Minneapolis Vail Place received a 3-year accreditation and Hopkins Vail Place will be pursuing accreditation in September 2014. In addition, we are reinvesting in Clubhouse Training! Our Executive Director, and both Clubhouse Program Directors along with a group of staff and members from each Clubhouse, will attend Clubhouse Training in 2014.

Building a future for Clubhouses in the State of Minnesota

Vail Place is paving the way as we explore the option of starting a Clubhouse Coalition in the State of Minnesota. A Coalition would allow Vail Place to partner with other Clubhouses in Minnesota and create more awareness and familiarity of the Clubhouse model. We have conducted initial research on starting a Coalition and have already gained support from the smaller Clubhouses in Minnesota.

Clubhouse Coalition receives financial support

In December, Vail Place applied for and was awarded the coveted United Way/Delta Airlines Innovation Grant of $25,000! This funding will support development of the Clubhouse Coalition and cover costs associated with implementing the initiative. We are honored to have this support and recognition of the importance of broadening the Clubhouse Model network in Minnesota.

Program spotlight

At Vail Place, we believe that employment plays a central role in a person’s life. The Transitional Employment (TE) program at Vail Place provides this opportunity for real-life work experience with the added support needed to be successful.

Here is what one of our employers had to say about the program:

“*We have had such great people from Vail Place working at Xcel. They are completely reliable, dependable and do the work we expect from them. Our relationship with Vail Place Transitional Employment has been fantastic, and I couldn’t ask for anything better!*” Mary (Program Manager - Xcel Energy)

And, a member said of her employment:

“I enjoy working in the mailroom a lot. The tasks keep me focused, and interacting with my co-workers is the best part of my job.” Lara (Xcel TE)

In the last year, we have added two TE staff positions to accommodate the growing number of members eager to find jobs. In 2013, we assisted 53 members in obtaining and maintaining their employment. We’ve already started to gain momentum in 2014 with the addition of one new TE position just this month!

If you are an employer interested in learning more about the Transitional Employment program, or know someone who might be, please contact: Hopkins Vail Place at 952-938-9622 or Minneapolis Vail Place at 612-824-8061 and ask for the Employment Support Specialist.

You may also learn more by visiting vailplace.org/services/employment.

Staff and agency updates

Clear focus in care

During 2013, we made several changes to our Case Management program structure to allow for increased focus and support for clients. This included the addition of four new Case Manager staff positions and new Clinical Services Manager. This new hire allowed us to shift our Clinical Services Director’s focus to creating and maintaining relationships with critical figures in the mental health arena, while also staying abreast of current issues and trends within the mental health system locally and nationally.

Communication is key

2013 also brought the addition of a new Communications and Development Specialist position. This position was created to increase our presence among donors, volunteers, members, and in the community as well as to create a clear and consistent brand image for the agency. With this new role we hope to better understand and engage with our supporters in a way never possible before.

MNsure and Vail Place

While the MNsure web site has had its challenges, it does have something working for it – including Vail Place’s new Outreach Specialist staff position. This position is one of numerous ‘navigators’ certified to assist those in need with accessing insurance programs through MNsure, and focus on outreach efforts to create awareness of MNsure, its options, and how to get help enrolling. For more information, contact Kristina at 952-945-4225 or kowanberg@vailplace.org.

Expanding our reach

With the addition of the Outreach Specialist position, thanks to funding from Metropolitan Health Plan (MHP), we are also able to work towards our goal of expanding services to those in need who live in west Hennepin County. Related to MHP, Vail Place is also part of MHP’s integrated care system partnerships (ICSP). This partnership will hopefully result in improved communication, better health outcomes and consumer satisfaction for our clients, lower cost of care, and help ensure that people with complicated physical and mental health conditions have better resources to connect to for overall health management.

In the community

First-ever community conversation

This past October, in partnership with NAMI MN’s “Make it Ok” campaign, we hosted the first Make it Ok community conversation event in Minnesota. The event brought in more than 25 community members to Hopkins Vail Place and engaged them in a meaningful conversation about mental health. Attendees left with a better understanding of Vail Place, how to make it ok to talk about mental health, and how to get involved in reducing stigma.

Visits to Vail Place by key community leaders

Vail Place has had the opportunity to host several key members of the Hopkins community in the past few months as part of our Government in Action program. This program engages Clubhouse members and staff in conversations about the current state of mental health issues, and provides an opportunity for our legislative leaders to see how Vail Place can be a valuable partner. Recent visitors included Commissioner Jan Callison, County Commissioner for the 6th District; Hopkins City Council member Cheryl Yousakis; and Senator Ron Latz. Vail Place members were actively engaged in asking questions and helping facilitate the visits, making our passion for legislative involvement known! We were also honored to have State Representative Steve Simon at our annual Dr. Vail Hour event this past October. Not only did he attend, but he also joined us on stage during the “Driving Recovery” production!

To rally together with Vail Place staff and members in legislative involvement, join us for Mental Health Day on the Hill on Thursday, March 6. More information can be found at ramilhelps.org.