



## **PAPSRS**

PENNSYLVANIA ASSOCIATION FOR PSYCHIATRIC REHABILITATION SERVICES  
P.O. Box 62072 • Harrisburg, PA 17106-2072 • 1-(888)-490-0404 • [papsrs@comcast.net](mailto:papsrs@comcast.net)

### Testimony

Thank you members of the Pennsylvania House Human Services Committee for allowing me this opportunity to talk with you about a subject that is very important to Pennsylvanians who struggle on a daily basis to achieve meaningful lives despite the challenge of significant psychiatric disabilities; better known as mental illness.

My name is Dr. Scott Heller, Executive Director of the Pennsylvania Association of Psychiatric Rehabilitation Services (PAPSRS). The organization is comprised of over 170 individual and organizational members from across Pennsylvania representing the entire state. We are dedicated to providing opportunities for individuals with psychiatric disabilities to achieve meaningful lives in their communities through the provision of quality psychiatric rehabilitative services.

Major mental illness can result in impairments in functioning in major life domains, which can lead to isolation, fear, homelessness and even death (suicide, crime victims, and increased health risks). Additional effects of mental illness are stigma which leads to shame, lack of confidence, rejection and fears by friends, family and community. Such stigma may lead to the individual denying the psychiatric condition and the opportunity for help.

However, today we know that the presence of these mental illness do not have to lead to the outcomes listed above. Today the potential and opportunity for individuals to recover from psychiatric disabilities and move beyond a life defined by illness is commonly accepted as the goal of the public mental health system.

Policymakers, families, mental health professionals, individuals who participate in services and providers of psychiatric rehabilitation services (PRS) have identified

psychiatric rehabilitation as a key element in the solution to helping people to increase self-sufficiency and to gain the highest level of independence despite ongoing psychiatric challenges. PRS is an approach, which by promoting increased abilities toward self-reliance and natural support, also helps to lower the overall costs to our public mental health system in Pennsylvania.

**What is Psychiatric Rehabilitation?**-- As a result of downsizing and closing institutions and investing the dollars into the community mental health system, most adults diagnosed with severe mental illnesses, such as schizophrenia, bipolar disorder, major depression, and the like, are now successfully residing in their communities. These individuals are the primary recipients of psychiatric rehabilitation services. The persons using PRS have diagnosed mental health disorders that impact their ability to perform certain tasks and functions (e.g. interacting with family and friends, interviewing for a job, studying for tests) and their ability to fill various community roles (e.g., employee, student, resident, parent).

Psychiatric rehabilitation for adults promotes recovery and full community inclusion and aims to improve the quality of life for persons who have been diagnosed with any mental condition that seriously impairs their ability to lead meaningful lives. In PRS, we focus on helping individuals to develop skills and access resources needed to increase their capacity for success and satisfaction in the living, working, learning, and social environments of their choice.

Think of the person who is newly living in the community after many years of hospitalization and is isolated, highly afraid to go to the nearby store by themselves to make a purchase..... but through the process of skills building along with a supportive employment experience the person becomes the store manager!

Now that is a hypothetical example, but there are many true stories of similar successes for individuals using PRS which I will share with you in a moment. The important thing to note is that psychiatric rehabilitation is about helping individuals to obtain the same things that we all want- a job (employment), a

decent place to live (shelter), a date on the weekend (relationships), and transportation to get there.

Based on the commonalities of what we all want, PRS goals are to assist people to move from a focus on symptoms and a life revolving around illness to a strength-based focus where individuals are helped to gain a meaningful life through pursuing their self-identified goals in the areas of living, working, learning, and socializing in community settings with the least amount of reliance on professional interventions. Psychiatric rehabilitation services addresses the complexity of assisting individuals by collaborating with the individual, their families, treatment team and the community; thru this collaboration individuals can lead fulfilling and productive lives without fear of harm, rejection, stigma, incarceration or institutionalization.

**A transformed mental health system**- provides services which promote personal responsibility, education, and the promise of recovery and community inclusion through a community-based services and supports. Such a state of the art mental health system provides for skills development, vocational supports, housing supports, psycho-education, workplace accommodations/supported employment, peer support, use of natural community resources and access to effective treatment experiences in the community.

The mental health system of the past did not always endorse or believe that people with significant mental health challenges could become participating and contributing members of their communities. Often we had a system of treatment only services that limited its focus to management of symptoms through endless participation in hospital-based or hospital like day programming where people lived perpetually in mental health funded services and housing. Over the years following national, state and local calls to transform our mental health system Pennsylvania became a leader in the national movement toward a modern and effective mental health system, one which is moving forward toward mental health recovery and rehabilitation.

There are many examples of Pennsylvania's leadership in a number of areas where Pennsylvania is first among states in the nation. Pennsylvania has the largest number of certified psychiatric rehabilitation practitioners (CPRPs) in the country at 536. This qualified and competent workforce works within Pennsylvania's 126 licensed psychiatric rehabilitation providers delivering such services as clubhouse (based on the work ordered day), supported employment, independent skills development, housing and community based skills training through mobile psychiatric rehabilitation, along with site-based programs which are teaching the development of knowledge and skills for individuals to pursue their self-identified goals in community settings.

In many of these programs, staff includes individuals who were formerly using the services and are now being trained and paid to provide services to others. With the increase in income and self-worth these former recipients of PRS services are now paid staff making significant contributions to their communities.

Other individuals through their participation in psychiatric rehabilitation services, although not returning to be a paid employee in the program they are receiving services from, nevertheless have their own examples of moving forward towards achieving meaningful goals.

Let me share with you a few stories that are true.

**Stories of success**--Alan had always believed that he could attain his personal life goals with the right amount of support and assistance. Alan found this support through a psychiatric rehabilitation program which focused on employment.

Alan began with the desire to develop resources and skills to assist in attaining his GED. In the psychiatric rehab program he felt that he was in an environment that was a right fit for him- he was motivated by the amount of support and encouragement from both staff and peers. With his hard work and dedication combined with direct skills instruction, the development of natural supports and the focus on his personal strength, Alan attained his GED in 2011. Alan states, "since leaving the psych rehab, I got a full-time job with health care benefits and have received a pay raise. I also have an apartment and am living on my own."

Jane participated in the psychiatric rehabilitation program and had a dream of becoming a deacon in her church. However she had been discouraged due to her long-term mental illness and many hospitalizations throughout her life. She did not give up and with the support, skills development, and encouragement she received from the program she began by volunteering at the church doing clerical work. She then moved on to Bible study classes and finally achieved her goal becoming a deacon in her church. It has been reported that the frequency of her hospitalizations has diminished significantly over time.

Due to symptoms of his mental illness John had lost his job. He attended the psychiatric rehabilitation program and found part-time work as a mentor in a program mentoring youth that were "at risk". After that he found full-time work and has his own apartment.

Alice has found a way to get through the rough times. Over the past year she has found it is okay to ask for help sometimes as it may be the only way to get somewhere else." I have learned that others see things differently than I do and may have a solution that I fail to see because everything seems hopeless and sometimes I can only see gray" she said.

Alice contacted the psychiatric rehabilitation program hoping to find something that could give her support with the goals she set for herself. With support Alice was able to develop a resume, cover letters and support to engage in employer networking. As Alice began to reach some of her goals, her dreams got bigger; Alice wanted to earn a degree to gain employment ideally in the field of social work.

With psychiatric rehabilitation interventions of direct skills instructions, strength based support and facilitation of natural supports Alice was able to graduate from the University with a bachelor's degree in social work and acquired employment as a group supervisor at a local medical center.

And finally, Ron states, "Psych Rehab mobile has affected my life in multiple ways over the past couple years. I am no longer homeless and now have permanent housing plus a full time job which lets me live independently. I hadn't had much

success with weight loss but when I started my goal on how to live a healthier lifestyle, I successfully lost 30 pounds since last year”.

**Support that works--** Today you are hearing about the impact of budget cuts on mental health services as others on the panel are testifying how such budget constraints result in reduced support for community based services and resources. As this committee knows, over the years, Pennsylvania has developed recovery focused services and supports as a result of moving funds from the down-sizing and closing of state hospitals and putting these monies back into the community services system. Many are reporting that these budget cuts are eroding these critical services.

It is not without great commitment and struggle that people begin to regain lives outside of the institutional and hospital based settings. Lack of access to effective community based services can present additional stresses on individuals which may impact negatively on the individual’s ability to engage in the rehabilitation process. When community resources are less available and accessible people will utilize what is left – hospitals and institutions.

So we must be sensitive to providing access to effective services that remain available while individuals work on their recovery and increase their ability to utilize more nonprofessional and natural supports outside the mental health system. Realistically the process of recovery will be different for different individuals and we must be prepared to support these vulnerable Pennsylvanians as their unique journey of recovery from the often devastating effects of psychiatric illness unfolds.

Some may say as a compassionate and just society, it’s our obligation to provide the needed level of support and accommodation to those who have serious psychiatric disabilities. And yes not only is it the right thing to do, but experience is showing us that by providing the right services and supports it will also be the most prudent way to manage our limited resources. The evidence is now clear that through offering effective and state-of-the-art services in the community

such as psychiatric rehabilitation individuals can and do become more self-reliance and enjoy an increased quality of life. As we struggle in response to the difficult budget challenges facing our mental health system, we must make smart decisions as to what outcomes we value and what is needed to achieve these desired results. An unwise and abrupt withdrawal of supports can easily increase the likelihood that individuals will end up homeless, in our jails or back in our hospitals at increased costs to the state; repeatedly it has been demonstrated that costs are frequently reduced when the needed level of support is provided at the right time, in the right place, and in the right amount in the community.

It is through providing community-based services like psychiatric rehabilitation that we begin to see people developing lives which will ultimately be less reliant on the mental health system. The long term return on investment in the right services is worth the cost now.

As an example of how this support works, let me share with you a survey on employment produced by the Pennsylvania Clubhouse Coalition, which is one psychiatric rehabilitation approach licensed in Pennsylvania. Statistically individuals with psychiatric disabilities - as a group- have low employment rates nationally. It has been estimated that the unemployment rate for people with psychiatric disabilities is 85% to 92% (Anthony et al., 2002). While the results of the clubhouse survey are just one point in time and further research is needed to determine the long-term trends, these preliminary reports do provide hope that with the right opportunities and services individuals with severe psychiatric disabilities can be supported to pursue employment.

**Pa Clubhouse Coalition data**--In 2011 the PA Clubhouse Coalition surveyed 24 clubhouses. In those surveyed, there were a total of 2,307 active members, with 567 (or 25%) of these members currently employed; this included: 105 time-limited Transitional Employment Placements (TEP), and 462 members who were in Supported Independent Employment (SE/ IE), which are not time-limited. Of these 567 members, there were a total of 318 that began employment in the previous 12 months. The results reported are encouraging that individuals can be supported to pursue employment.

It is also important to note that psychiatric rehabilitation services like Clubhouse are more cost effective than traditional hospital based services. For example, the Center for Clubhouse Research reported in 2012 that the average cost per person per year for attending a Clubhouse in PA is \$4,888, approximately \$41 per day. A 10 day psychiatric hospital stay could cost \$5,000 or more. At \$41 per day, an individual could attend a PA clubhouse for an entire year for the same cost and receive assistance which would help them to maintain stable housing, get a job, pay into state and local taxes, have friends, a support system and hope, as well as stay out of the hospital and jail.

**Summary--**In closing, I again wish to thank you for the opportunity to share with you information about how psychiatric rehabilitations services are making a difference in the lives of Pennsylvanian's with severe mental illnesses. These services help people prepare for more independent roles in the community in the areas of employment, housing, and finding meaningful lives in their communities with the least amount of professional interventions. Pennsylvania has been a leader in successfully moving people from costly and often long term institutional based settings back into the community. PRS has been one reason for Pennsylvania's success. In response to the budget issues we are being challenged to support our community based services. We must look at what works and continue to support- no to increase support- for those services which are part of the solution to the growing long-term concerns of how to help individuals gain the skills, abilities, and supports to increase self-sufficiency. The failure to do so could be much more costly in the long term .

**Sources:**

Anthony, W. A., Cohen, M. R., Farkas, M. D., & Gagne, C. (2002). *Psychiatric rehabilitation* (2nd ed.). Boston, MA: Boston University, Center for Psychiatric Rehabilitation.

Letter PA Clubhouse Coalition (PCC)- Nov 21, 2011

Center for Clubhouse Research information provided by e-mail from PCC