



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Guiding Principles:

Citizenship as Social Inclusion and Participation



Citizenship is for all, but our citizenship work has focused on the needs and aspirations of people with experiences of psychiatric illness. This guide also contains references to substance abuse, homelessness, and incarceration. People confronting these issues along with a psychiatric illness may have a higher risk of social isolation than others, and often lack opportunities to engage in valued roles in their communities. Our longest-running citizenship project has served people with psychiatric illness and histories of incarceration. Still, most of the material in this guide applies to anyone with a psychiatric disability who wants to do ‘citizenship work’.



We hope this guide will help you:

1. Understand the values, mission, and key components of the Citizenship approach.
2. Learn about the “nuts and bolts” of putting together Citizenship Projects.
3. Build collaborative relationships, create linkages to people and resources in your community, and recruit persons in recovery (PIRs) as Peers to staff the program and help you plan and prepare for challenges you may face.
4. Develop key instruments and forms that you can adapt to your needs.
5. Understand how your program is working, including some evaluation strategies.

What do we mean by ‘Citizenship’?

‘Citizenship’ is an approach to supporting the social inclusion and participation of people with mental illnesses and/or substance

misuse. Citizenship has been a Connecticut Department of Mental Health and Addiction Services (DMHAS) approach to care and supports for its clients since 2000. We define citizenship as a person’s strong connection to the *5 Rs of Rights, Responsibilities, Roles, Resources, and Relationships* that society offers its members, and a *Sense of Belonging* that is validated by others. initiate recovery, build on their strengths, and gain or regain control over their lives.

Where did citizenship come from?

‘Citizenship work’ began in the late 1990s, when DMHAS participated in the national SAMHSA program to provide outreach and ‘No Wrong Door’ services to people who were homeless. While these services helped many people gain access to behavioral health and primary care, income through SSI/SSD or employment, and housing, it became clear they could not offer clients the status of ‘neighbor,’ community member,’ and ‘citizen.’

What can be done about this gap?

Addressing these gaps requires supports and advocacy to help people make connections and gain valued roles in their local communities and society. The Yale Program for Recovery and Community Health (PRCH) conducts and studies this work through the Citizens Community Collaborative (CCC).

What has been done with Citizenship?

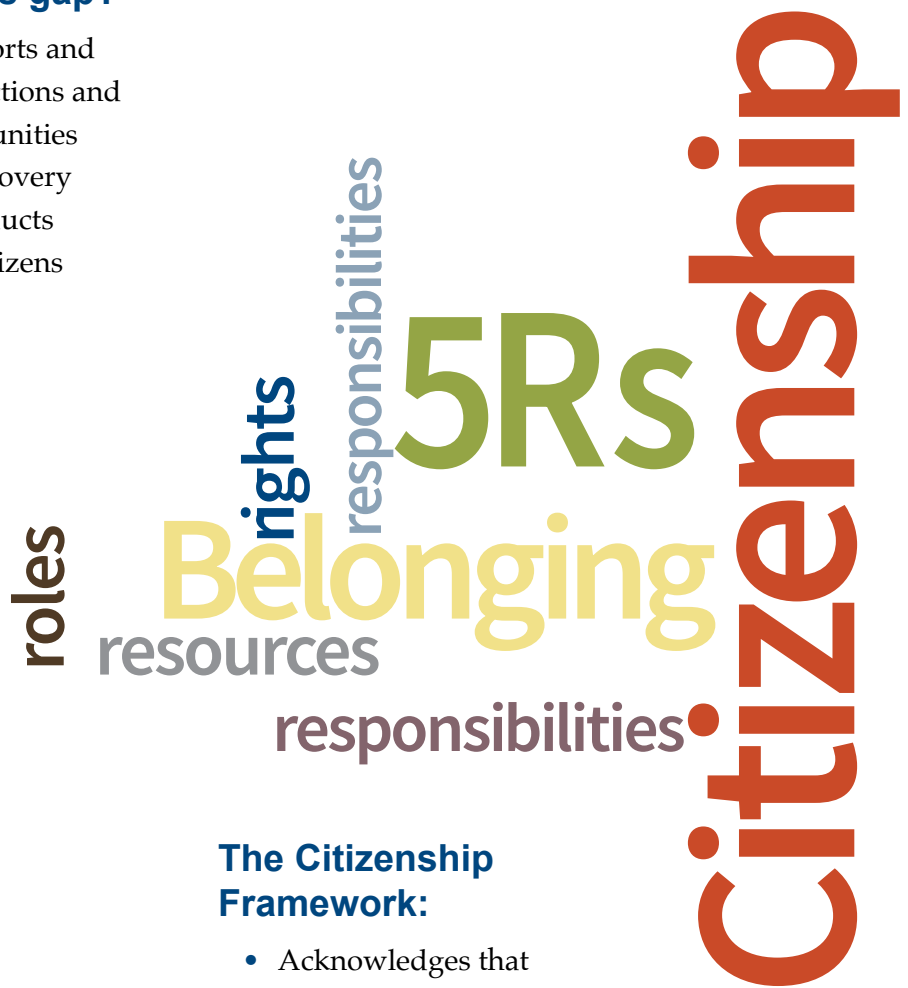
Citizenship work from 2000 to the present (and ongoing) has included:

- *The Citizens Project* a 6-month group intervention in New Haven, with others underway across the state, nationally, and internationally.
- Citizenship-based care built on the 5 Rs of citizenship.
- Community connection-making individual and group supports.
- Financial health and empowerment.

Citizenship ‘Works’

Research and evaluation have shown that citizenship services and supports can:

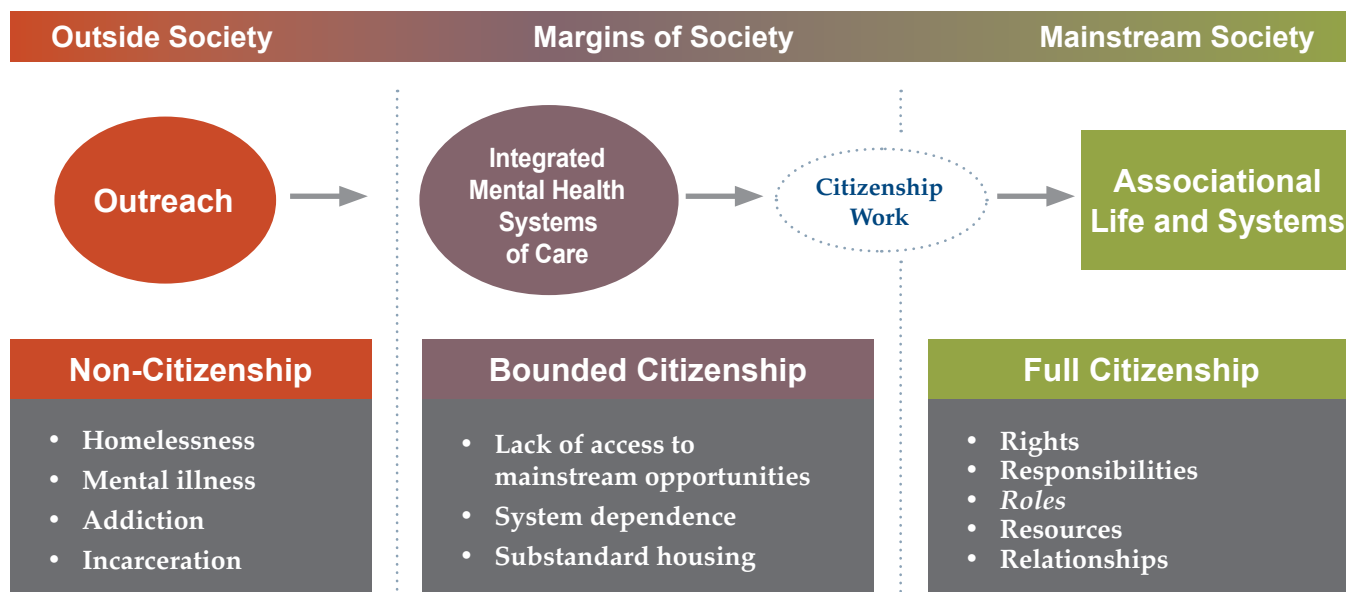
- Be measured to provide guidance for individuals’ citizenship needs and goals.
- Enhance quality of life and decrease substance use.
- Catalyze change to create more inclusive communities through policy work and advocating for and being part of that change.



The Citizenship Framework:

- Acknowledges that people with psychiatric disabilities, including those with substance abuse disorders, those who are homeless, those with criminal justice problems, and/or those who have had frequent or lengthy psychiatric hospitalizations, often have difficulty negotiating acceptable niches and roles for themselves in society.
- Addresses the dilemma that people with psychiatric disabilities want to make a contribution to society but that behavioral health care and other service systems often are not equipped to help them achieve this goal.

Where does Citizenship Project Fit in

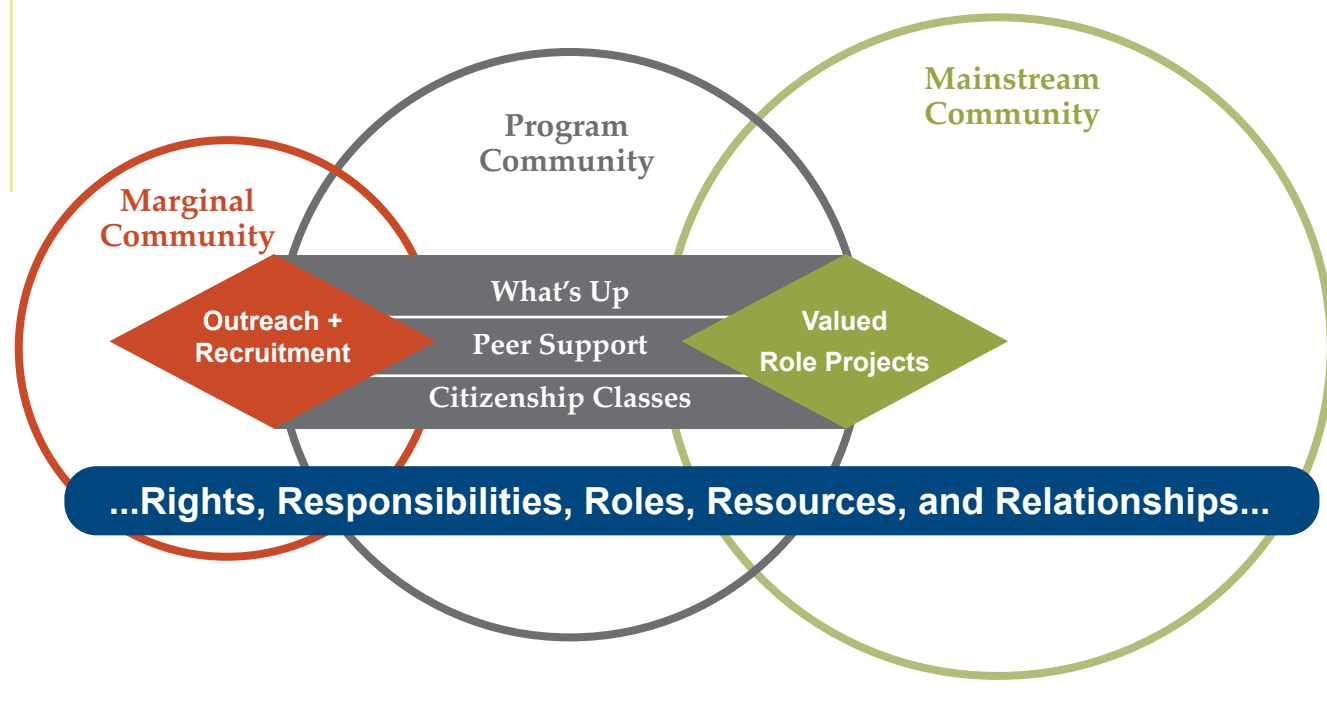


Adapted from Figure 9.1: Current Landscape of Citizen and Mental Health. In: Rowe, Michael, *Citizenship and Mental Health*, Oxford University Press, New York, 2015.

The Citizens Project:

The Citizens Project combines group skill-building with wraparound peer support within a social program linked to treatment providers and the community at large. The program addresses students' isolation and lack of valued social roles and skills for successful community living. Research using the citizenship framework has demonstrated its effectiveness in increasing students' quality of life and reducing alcohol and other substance use.

THE BIG PICTURE





How are the 5 R's demonstrated in a Citizens Project?

The longest-running project developed within the Citizenship approach is the Citizen's Project, which combines group skill-building with wrap around peer support. The 5Rs form the backbone of the issues discussed with Citizens students:

Rights: Students learn about their legal and civil *rights* and the role of advocacy. They also learn from each other that they have a right to their feelings and opinions and an expectation that they will be treated with dignity and respect.

Responsibilities: Students learn *responsibilities* as a citizen, including paying taxes, serving in the military in times of conscription, serving on juries, etc. They also learn about personal and community responsibilities by experiencing collective responsibility to their fellow students and to their families, friends, and the broader community.

Resources: Students learn and talk about *resources* that we all need, such as housing, income, and transportation. Collectively, students have a wealth of knowledge about resources in the community, often more than mental health and other staff have.

Roles: Students learn about the importance of having valued *roles* in society, such as worker, parent, student, and many others. They also take on valued roles as facilitators of the group process and by giving back to other students through discussion and offering advice. Students learn about valued roles they might take on by discussing possible roles and identities outside

the group with family members, employees, and friends. Getting and giving feedback and support on how to negotiate these roles helps students see they are not alone in their experiences.

Relationships: Students learn and talk about the importance of *relationships* to all members of society since we are social beings and can't make it alone. They also improve their relationships with each other and within their community by practicing skills learned in the Citizenship classes and through a "What's Up?" mutual support group.

Citizenship Peer Mentors:

Peer mentors are people with lived experience similar to our students in the Citizens Project. People with lived experience have been essential to this Project success since its inception. They provide support and mentoring to the students in and outside of the classroom. Peer staff also share their life coping skills and recovery stories, help students with achieving their goals and assist them with advocating. Peer Mentors do with, not for the students. The Citizens Projects' Peer Mentor staff have also taken on the role as the Citizens Project Directors. and encourage students' sobriety.

Use of the Citizenship Measure:

The Citizenship Measure was developed by PRCH with NIMH research grant support to assess the strength of peoples' connection to the 5 R's of rights, responsibilities, roles, resources, and relationships, and their sense of belonging in

society. The measure can be used as an evaluation tool, administered at the beginning and the end of every cohort to track individuals' progress in strengthening their citizenship. It can also be used as a tool to develop citizenship skills. Initial results may show certain areas of citizenship strength or weakness. This information can be used during peer counseling sessions to inform goal setting and action plans, building on strengths and supporting weaknesses.

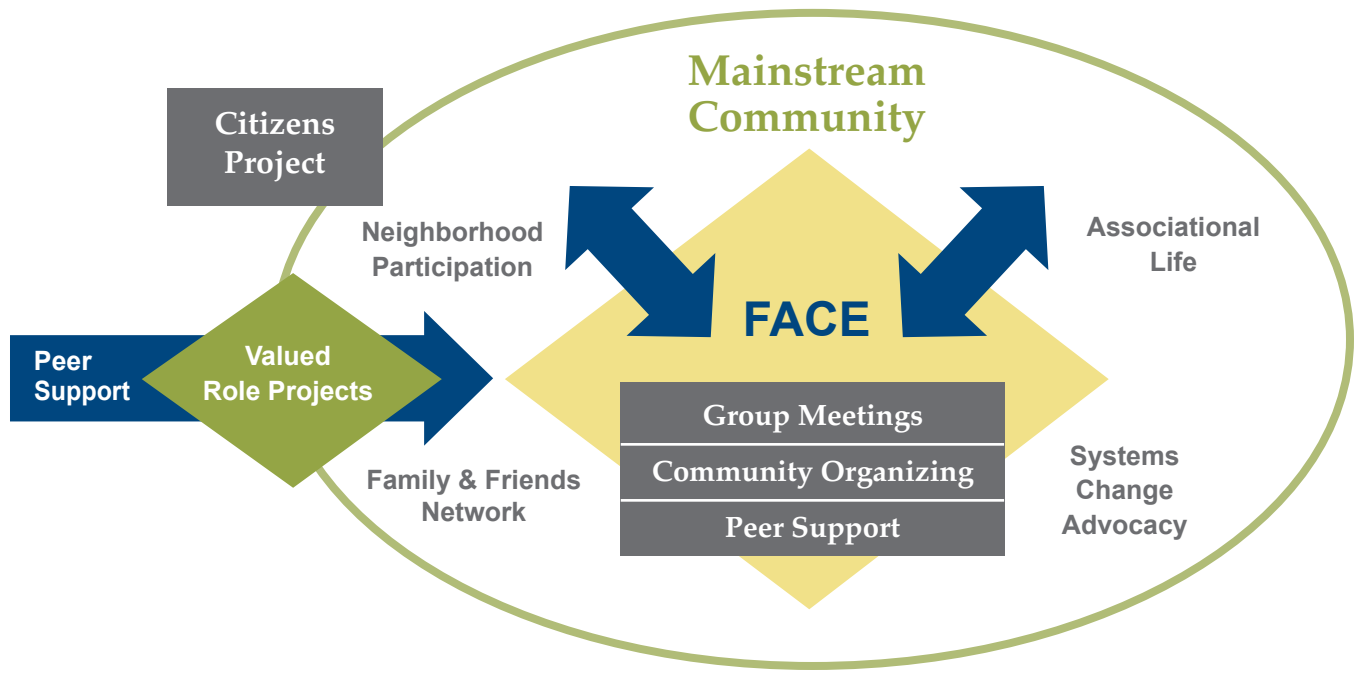
Community Connection-Making – Individual and Group Supports:

Valued roles are central to one's ability to attain full citizenship in one's community, both by being needed by that community and by having the ability to affect it in a meaningful way. Building on this, community connection-making interventions have been developed to enhance these roles, as well as to enhance the relationships, rights, responsibilities, and resources that undergird the pursuit of valued roles. These have been both individual-level and group-level interventions, with the community outside of the mental health system as their focus, and the community member identity of participants superseding the client or patient identity. The interventions build on the work of the Citizens Project.

Project Connect supports people living with mental illness to connect with other people in their community, according to their own interests and passions. Project Connect views participants as community members first, rather than clients or patients. Participants self-refer by contacting project staff directly. Project staff, including peers, meet with participants to talk about what they want to do in the community, how they might do it, facilitators and barriers to connection that might exist, and each person's role in the connection—participant, Project Connect staff, and community members

with whom the participant might connect. Project staff researches community resources and connection opportunities collaboratively with each participant, while simultaneously developing relationships with community members who can be helpful in the connection process. We also support the connections—going with someone the first time, facilitating communication with community partners, and so on—*according to the preferences of each participant*. The project began in 2012, with consultation from a similar program in Prince George, British Columbia, known as Project Friendship. There are efforts to replicate the Project Connect model happening at VA's in West Haven, CT and San Antonio, TX.

FACE (Focus Act Connect Every-day), as named by its members, formed in 2015 as a group of people in Greater New Haven committed to enhancing community life, with support from PRCH, including peer staff. Since then, the group has met biweekly in various coffee shops around New Haven. Many FACE members have experiences of life disruptions—homelessness, mental health struggles, substance use, incarceration—but the group is not limited to people experiencing those conditions, nor is it focused specifically on addressing those issues. FACE provides support for individual members to take collective action by providing a supportive space to identify problems in the community and ways to address them in collaborative and egalitarian ways. FACE members describe a shift from feeling like a passive community member to one that was “implicated,” where they not only feel responsible but compelled to be agents of social change. FACE members join many community-building activities on the neighborhood level and engage in political action at the local and state level, including through membership in activist coalitions which they have co-designed.



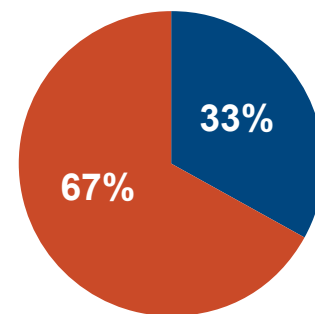
FACE expands on the Citizens Project by moving citizenship more firmly into the Mainstream Community. Students are introduced to FACE through peer support in the Citizens Project, and also recruits through the family and friend networks of members and the community at large. FACE gains partners and supporters through its work on the neighborhood, associational, and systems change advocacy levels. A sense of belonging, both within the group and in the places where members live, is also generated.

Citizenship and Financial Empowerment:

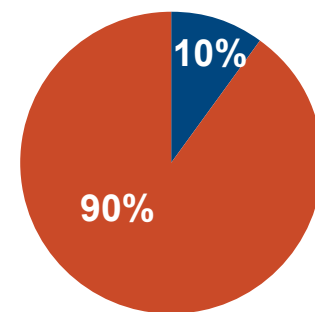
Resources, one of the 'Five R's' of citizenship, are an essential component of a complete life in the community. Money—while not the only resource a person may possess—is a critical resource that most people need in order to survive.

Many adults with mental health challenges live on very low incomes. Some rely on disability benefits. Those with employment histories may be eligible for Social Security Disability Income (SSDI), but even SSDI recipients often live on very low incomes. People who no, or limited, work history receive Supplemental Security Income (SSI), which leaves them living in deep poverty. Income-earning and asset limits associated with these benefits can discourage people from seeking employment. People with mental health challenges who do work often are employed in low-wage, insecure jobs with limited benefits.

Persons with a psychiatric disability



Persons without a psychiatric disability



● Live in Poverty ● Do not live in Poverty

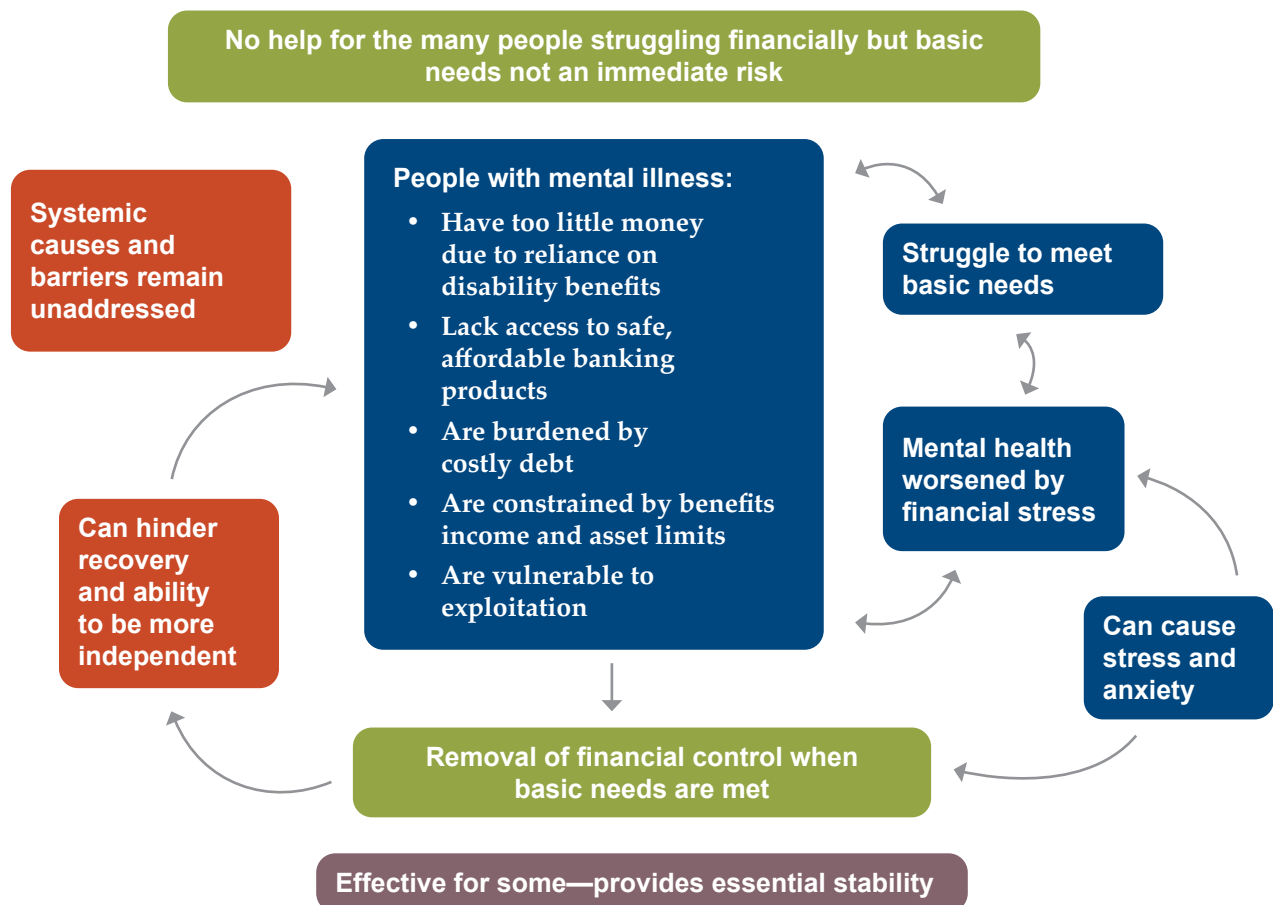
People with mental health challenges also often struggle to make the most of whatever meager funds they have. They are less likely than others to have bank accounts and so, pay for high-cost non-bank financial services such as prepaid cards, check cashers, and bill-pay services. They are also more likely to have bad credit and be burdened by debt they cannot pay off.

Living in poverty and being indebted causes financial stress, which is strongly associated with mental health problems. Financial stress negatively affects well-being and is a serious barrier to recovery.

The only support currently available to people with mental health problems who are struggling financially is to be assigned a representative payee or conservator, who takes control of their money and pays bills on their behalf. This can be

extremely helpful in some cases but can hinder the recovery process and is not the answer for everyone living with a combination of mental health and money problems.

The Citizenship and Financial Health project researches effective ways to promote financial health among people receiving mental health services and maximize their ability to be financially independent, if they choose. This includes doing research to understand more about the financial difficulties faced by people with mental health problems; working locally to ensure that local financial empowerment supports, including financial literacy / counseling programs, are inclusive of people with mental health problems; and advocating for banks and credit unions to offer products and services that meet the needs of this



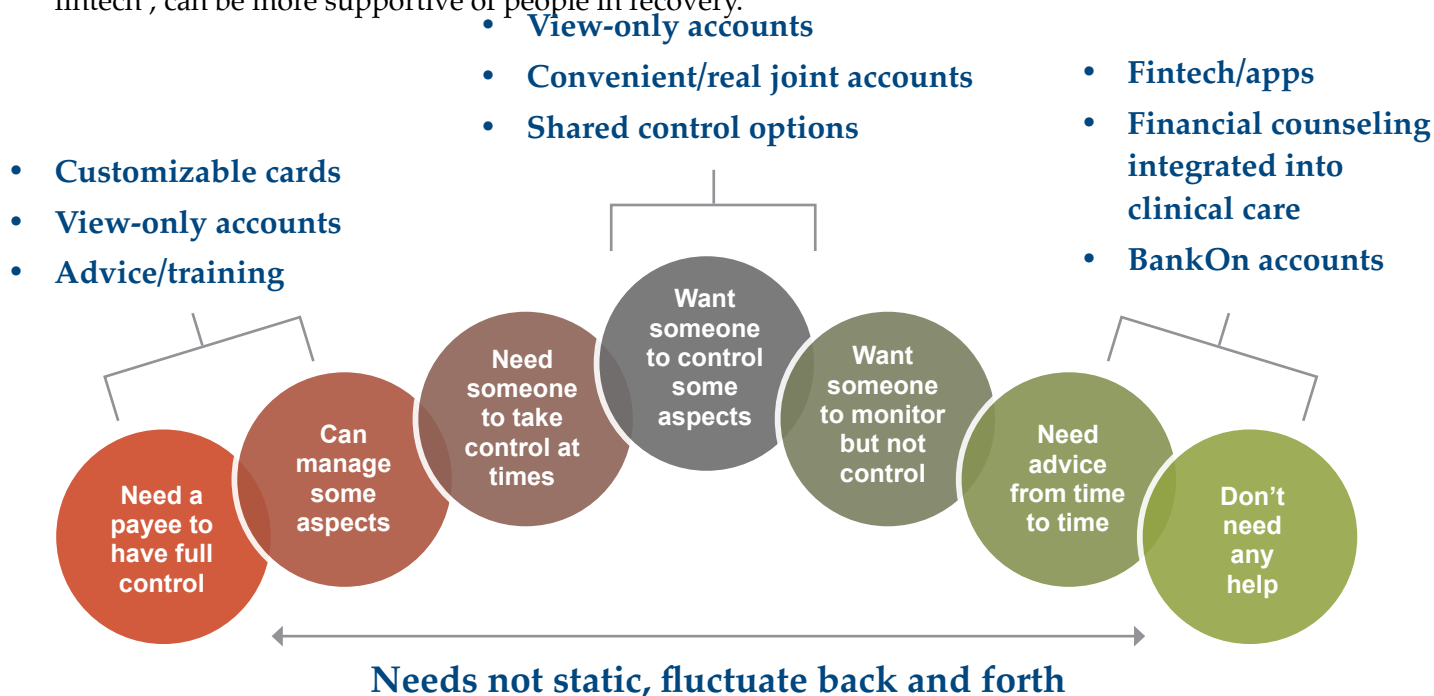
population.

Citizenship and Supported Financial Decision-Making:

Some adults with mental health challenges, especially those living on very low incomes, face difficulties in managing their finances. Currently, the only support available to people with mental health problems who are struggling financially is to be assigned a representative payee or conservator, who takes control of their money and pays bills on their behalf.

Removing control of someone's finances from them may be extremely helpful in some cases, but it can hinder the recovery process and is not the answer for everyone living with a combination of mental health and money problems. Most people, with or without a mental illness, need some support with some aspect of their finances at some point in their lives, but there are few supports to help with this, other than complete removal of financial control.

The Citizenship and Financial Health project seeks to help people in recovery be more financially healthy, including exploring ways to maximize their ability to remain in control of their own finances if they wish to do so, and to achieve financial independence in terms they define. In particular, we are interested in ~~how the financial services industry, including through technological innovation in financial services, or 'fintech', can be more supportive of people in recovery.~~



Based on research conducted by the financial health project, funded through a Center for Retirement Research Sandell Grant, and in collaboration with the Yale Law School's Community and Economic Development Clinic and the Connecticut Mental Health Center (CMHC) Foundation, we have produced a report outlining clear recommendations for banks and credit unions to better serve people

Further Readings:

Bellamy, C., Guy, K., Miller, R., & Tondora, J. (n.d.). *Person-Centered Planning (PCP) Principles*.

Bellamy, C., Rowe, M., Benedict, P., & Davidson, L. (2012). Giving back and getting something back: The role of mutual-aid groups for individuals in recovery from incarceration, addiction, and mental illness. *Journal of Groups in Addiction & Recovery*, 7, 2-4. This article reviews the function of mutual aid groups for people with criminal histories and co-occurring diagnoses, including an in-depth analysis of the “What’s Up?” component of PRCH’s *Citizens Project*.

Bromage B., Barranger S.L., Clayton A., Rowe M., Williamson B., Benedict P. & Kriegel L.S. (2018). Facilitating community connections among people with mental illnesses: Perspectives from grassroots community leaders. *Journal of Community Psychology*, 1–16. <https://doi.org/10.1002/jcop.22146>

Bromage, B., Kriegel, L., Williamson, B., Maclean, K., and Rowe, M. (2017). Project Connect: A community intervention for individuals with mental illness. *American Journal of Psychiatric Rehabilitation*, 20 (3), 218-233.

Farr, B., Cash, B and Harper, A. (2019). Banking for All: Why Financial Institutions Need to Offer Supportive Banking Features. Yale Law School/Yale Department of Psychiatry.

Harper, A. Staeheli, M., Edwards, D., Herring, Y. and M. Baker. Disabled, Poor, and Poorly Served: Access to and Use of Financial Services by People with Serious Mental Illness. *Social Service Review*, 2018, 92(2), p202-240.

Harper, A., and Rowe, M., (2017). Environment-Level Strategies to Support Independent Control of Finances: A Response to the SSA Review of Financial Capability Determination Review, Psychiatric Services, Economic Grand Rounds.

Quinn, N., Bromage, B. & Rowe, M. (2019). Collective citizenship: From citizenship and mental health to citizenship and solidarity. *Social Policy & Administration*, 1-14. <https://doi.org/10.1111/spol.12551>

Rowe, M. (1999). *Crossing the border: Encounters between homeless people and outreach workers*. Berkeley: University of California Press. This is the only full-length study of mental health outreach. Its conceptualization of the meetings of homeless people and outreach workers as “identity transactions” laid the groundwork for the development of a conceptual framework of citizenship to support the community integration of persons with mental illness.

Rowe, M., & Baranoski, M. (2000). Mental illness, criminality, and citizenship. *Journal of American Academy of Psychiatry and the Law*, 28, 262-264. This article proposed a three-level framework of citizenship—full citizenship, second-class citizenship, and non-citizenship—which was then applied to efforts promoting the full citizenship of mentally ill persons who are, or are at risk of becoming, involved with the criminal justice system.

Rowe, M., & Baranoski, M. (2011). Citizenship, mental illness, and the criminal justice system. *International Journal of Law and Psychiatry*, 34, 303-308. PMID: 21802145. This is the first full-length article on the application of the citizenship framework to the community integration of persons with both serious mental illness and criminal histories.

Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., et al. (2007). A peer support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services*, 58 (7), 955-961. PMID: 17602012. This article reported on the positive findings of a randomized controlled trial of an intervention, based on the citizenship framework, for persons with mental illness and criminal histories. It provides the first scientific evidence of the effectiveness of a citizenship-based approach.

Rowe, M., Benedict, P., & Falzer, P. (2003). Consent of the governed: An experiment in leadership building for homeless persons with behavioral health disorders. *Psychiatric Rehabilitation Journal*, 26 (3), 240-248. This article provided a description and analysis of, and argued for, an approach to ensuring “representation of the governed”—persons who are homeless—on boards of directors and advocacy groups that serve or speak for the needs of persons who are homeless.

Rowe, M., Benedict, P., Sells, D., Dinzeo, T., Garvin, C., Schwab, L., Baranoski, M., Girard, V., & Bellamy, C. (2009). Citizenship, Community, and Recovery: A Group- and Peer-Based Intervention for Persons with Co-Occurring Disorders and Criminal Justice Histories. *Journal for Groups in Addiction and Recovery*, 4 (4), 224-244. This article provides an in-depth description of the citizenship intervention and includes qualitative findings on innovative elements of the intervention such as applying citizenship skills and learning in practice (through community valued role projects), the use of ritual to develop a cohesive community of students (graduation at City Hall), and other elements.

Rowe, M., Clayton, A., Benedict, P., Bellamy, C., Antunes, K., Miller, R. & O'Connell, M. J. (2012). Going to the source: creating a citizenship outcome measure by community-based participatory research methods. *Psychiatric Services*, 63 (5), 445-450. Using community-based participatory research, this study found that individuals experience citizenship as inclusion and involvement across a range of personal and community activities and concepts. A tool was developed to measure the degree to which individuals, particularly those with mental illness, perceive themselves to be citizens.

Rowe, M., Kloos, B., Chinman, M., Davidson, L., & Cross, A. B. (2001). Homelessness, Mental Illness, and Citizenship. *Social Policy and Administration*, 35 (1), 14-31. This is the first article to explore, in any depth, the notion of "citizenship" as a framework for thinking about the community integration, sense of belonging, and participation of persons with serious mental illness, including those who are homeless and/or have criminal histories.

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