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Abstract

Mental health is a problem that can affect anyone at any age. Fortunately, some programs and agencies such as Mariposa Wellness Center-Community Connection provide services and support for those who are not getting the appropriate treatment. There is a lack of access to health care; therefore, many people are suffering from a mental health condition without treatment leading to consequences such as suicide. Santa Cruz county has on average 45.7 suicides per year in comparison to the state which was 10.4 and the U.S. which was 13.9 from 2014-2016 (Ingalls, 2019). The project addressed this disparity by creating and implementing a curriculum for mental health support groups. The information was delivered in a series of mental health support groups that were designed to provide participants with the skills to manage their symptoms of the most common mental health diagnosis, including Anxiety, Bipolar disorder, Depression, and Schizophrenia. The results showed that mental health support groups were successful and useful for participants. It was concluded that 100% of the participants who attended mental health support groups acquired new knowledge about their mental health diagnosis. Furthermore, the results showed that more than 85% of the participants practiced new skills learned in these groups. Therefore, it was recommended to the agency to continue using the curriculum for the mental health support groups.

Keywords:mental illness, barriers, depression, coping strategies, support groups

Agency and Community Served

Mariposa Wellness Center-Community Connections (MWC-CC) is addressing the social issue of mental health by helping people with mental illness. Many times, individuals tend to degrade those who they think do not fit society's norms or rules. Individuals with a mental illness are frequently discriminated and left vulnerable. MWC-CC helps people with Bipolar disorders, Schizophrenia, depression, anxiety, and those with other mental health problems. The mission of the Mariposa Wellness Center is "to assist and support adults with psychiatric disabilities and their families in achieving greater independence and improving the quality of their lives"(MWC-CC, 2019). They have support groups for a wide variety of topics related to mental health. They help the clients find skills, and they help strengthen those skills to help them succeed in their lives.

Many of the clients that attend the Mariposa Wellness support groups are homeless, and they are people who have lost everything due to their mental illnesses. Some people had careers and had successful relationships, but unfortunately, their families and friends were not able to help them with their mental problems. Fortunately, there are many organizations like the Mariposa Wellness Center that focus on assisting these cases. MWC-CC also have different programs within the organization that help this population achieve goals such as going back to school or help the participants find their strengths and skills and work with them to develop those skills to help them find a job eventually. The agency also helps the clients with their resumes, cover letters, and letters of recommendation to make it easier for the participants to reincorporate into society.

Problem Description

There are many issues regarding mental health that affect individuals with mental illnesses in a negative way. According to Susan (2018), in the data retrieved from the 2016 National Survey on Drug Use and Health (NSDUH, 2016) it showed that approximately 11.8 million adults have unmet needs regarding their mental health in the past year including 5.5 million of adults who did not receive mental health assistance. The survey also reported that some of the most outstanding issues are the lack of insight, awareness, and information (Susan, 2018).

Contributing Factors

Stigma surrounds mental health and it is a contributing factor that hinders individuals to seek help. According to Corrigan and Watson (2002), the majority of people with a mental illness are challenged by stereotypes and misconceptions of the illness that are erroneous, causing people with mental disabilities to live a life without opportunities to have a good quality life, get a job, or maintain a relationship. The stigma includes having stereotypes, prejudices, and discrimination against the people with a mental illness which ultimately results in negative emotions for the individual. Some of the negative emotions include fear, shame, and in some cases self-hate, and low self-esteem which eventually can result in more complex health issues like depression which can make it worse for people who already have a mental problem (Corrigan & Watson, 2002). Also, Corrigan and Watson, stated that in many instances when the people with mental illnesses have experienced discrimination and rejection not only from their family members but also the community, frequently they decide to go untreated due to their fear of rejection or fear of people finding that they have a mental illness (Corrigan & Watson, 2002).

Another contributing factor that creates an obstacle for the people who have a mental illness to seek help is the lack of affordable mental health care. According to Rowan, McAlpine, and Blewett, (2014), due to financial barriers, 3 out of 5 adults with a recent mental illness did not receive treatment from a psychologist, or other mental health specialists. Also, in the National Comorbidity study, 47% of respondents who had mental health problems such mood disorder, anxiety, or substance-use disorder stated that the high cost of mental health treatment or not having health insurance was the reason as to why they did not seek treatment (Rowan, McAlpine, & Blewett, 2014).

Consequences

There are many different consequences as a result of a lack not receiving treatment. According to the Mental Illness Policy Organization (MIPO), one of the effects is homelessness. The vast majority of homeless have untreated severe mental illnesses, and the quality of life of this population is deplorable. A recent study has shown that 28 % of the homeless who were hospitalized in psychiatric hospitals identified they that they were not getting healthy food, and that they ate food primarily found in trash cans and canned foods as their primary source of food (MIPO, 2016).

According to MIPO (2016), suicide is another consequence of not getting treated for mental health illnesses. Suicide is the number one cause of premature death among people with severe mental health illnesses. It is estimated that 10 - 13 % of suicides are people who had schizophrenia. Also, 15 - 17% of suicides are among people with bipolar disorders are more prevalent. According to the Santa Cruz County Community Health Assessment (SCCCHA), in 2014, the Santa Cruz County suicide rates were higher in comparison to the rates of California or the United States, (SCCCHA, 2017). According to Ingalls, (2017), "From 2014–2016, Santa Cruz averaged 45.7 suicides per year, with a death rate of 16.6 per 100,000 people and an age-adjusted death rate of 16.3, according to the draft of the Santa Cruz County Suicide Prevention Strategic Plan. The suicide rate for the county is greater than state and national averages: the U.S. was 13.9, with California having an age-adjusted death rate of 10.4" (Ingalls, 2017).

Capstone Project

The Capstone project is to develop a curriculum for mental health support groups. The objectives are to provide participants with a more structured way of helping them manage their mental illness through activities such as roleplay, mental illness education, coping strategies such as active listening, breathing exercises, and other activities to promote wellness.

Problem Model

Contributing Factors	Problem	Consequences
Factor 1: Stigma that surrounds mental health.	Those with mental health conditions are not receiving treatment	Consequence 1: Homelessness is a major consequence of untreated mental problems.
Factor 2: The lack of affordable health care		Consequence 2: Suicide is another consequence of not getting the appropriate treatment for mental illness.

(Milestone 2)

Mental Illness Management and Recovery

Mariposa Wellness Center uses different evidence-based curriculums to deliver different mental health support groups effectively. There are groups with a focus on Bipolar disorder, Schizophrenia, depression, anxiety, and other mental health problems. The way the groups are currently delivered is by finding informative articles to share with the participants. They do it this way to allow participants to engage and that way learn more about their diagnoses. They also share personal stories from people who suffer the same mental illness, and the participants are allowed to share their own stories, comments or ideas if they relate to the topic. The clients are also provided with information and suggestions they can use to manage their symptoms better. Also, there is an open discussion time. This time is for the participants to talk about any issues concerns or anything that they want to discuss in future groups. According to the National Alliance on Mental Illness (NAMI), mental health support groups provide participants with different benefits, for instance, they can learn new skills to manage their mental illness, share their experiences and they talk about things that they cannot say in their appointments with the professionals due to the limited amount of time. Also, mental health support groups help them feel that they are not alone and that there are people who are going through the same issues which it makes them feel accepted and not judged (NAMI, 2019). Therefore, my project was to develop a curriculum to deliver services in a more structured way to help participants get the most benefit out of those mental health support groups.

The way I planned to implement my project was by building a curriculum and facilitate mental health support group using the new evidence-based curriculum. I also did research on informative articles to share with the participants. I did it this way to help participants to learn more about their diagnoses. I chose a variety of topics to give the participants a better chance to learn more about the different mental illness they have. I also provided the participants with worksheets and handouts with information and suggestions they could use to manage better their symptoms. Also, the worksheet helped me to do a follow up on the previous sessions to know what they have practiced at home. Furthermore, there was an open discussion time. This time was for the participants to express how they felt and to know if they learned something new. The groups varied from one hour to an hour and a half. I used the whole 90 minutes. The group size also varied, there were times where only two people showed up, but also there were also times where there were 10 to 12 people in the group. The uncertainty of not knowing how many participants were going to be in the group was an issue because I never know how many copies of the articles and activities to make.

When I began my project, my mentor provided me with different evidence-based curriculums that they had used in the past. They have used these curriculums to shape their groups in a way that is the most effective. I used these evidence-based curriculums and designed the curriculum I used for my series of mental health support groups. For me to be able to carry out this project, I had my mentor and his staff to support me. They also provided me with resources for my project. They have a lot of experience doing this type of work, so they had some recommendations and options I used to guide me. I also had my professor who helped me and guided me throughout the process of gathering all the materials. My mentor also helped me by approving me with ideas, suggestions, and recommendations to have a more effective project.

Some of the things that I needed to carry out my project were my mentors, and the place that the agency provided to do my group. I also needed paper to print out the articles, worksheets, surveys, and other materials that I needed for my project.

Mental health is an issue that often many people do not have access to mental health care, and they do not have access to any treatment, the Mariposa wellness center offers drop-in hours for people who suffer from any mental illness, and they provide services for free. My project helped this population by assisting clients in learning more about their diagnosis and offering them access to a form of treatment. The expected outcome was to help participants gain knowledge and skills to manage their symptoms better. I did it by doing group facilitation and providing the participants with information about coping strategies they could use. The groups were held every Monday and Wednesday for up to 90 minutes for 2 weeks. For additional information, refer to the appendix A.

Milestone #3

Project Results

There was a series of mental health support groups conducted in a two-week period. The Four mental health support groups were bipolar disorder, managing symptoms of schizophrenia, depression, and building healthy support groups. The group activities consisted of facilitating the groups and provided participants with useful skills and coping strategies to promote managing their mental health. The information and activities used were from evidence-based curriculum used by the mental health professionals in Santa Cruz county. Also, additional information and support were provided by the Mental Health Specialist at Mariposa Wellness Center.

Project activities

The curriculum for the mental health support group series was designed to last 90 minutes. There were a few different activities that required the participants to be engaged and actively participating. The groups started out by introducing everybody and talking about their diagnosis. The four groups were planned to serve participants with Bipolar, Schizophrenia and depression since those are the most common diagnoses at the agency. The way the group was structured was the facilitator handed out an article with the information that was going to be discussed during group. Then, the participants were asked a series of questions regarding their mental diagnoses. After that, participants were asked to read a paragraph from the article and he or she was asked to share how he or she related to that. After finishing the article there was open discussion time which is for participants to share and discuss any personal experience that relates to what it was discussed in the article. At the end of the group, the participants were provided with a contract in which the participants were asked to choose and write down the activity that they committed to practice at home. That activity was to help participants practice what they learned in groups. The group activities and the participants and commitment lead to the expected outcomes which was for participants to practice skills they were thought in group to help them better manage their mental health.

Project Outcomes

As a result of the project it was concluded that the mental health support groups achieved the expected outcome. the expected outcomes were measured through a survey that was given after the groups were completed. The survey asked for their mental health diagnosis, if they learned something new and practiced what they learned. Based on the results from the surveys collected it was concluded that 100% of the participants learned something new about their

mental health diagnosis. Also, more than 85% of the participants reported they practiced a new
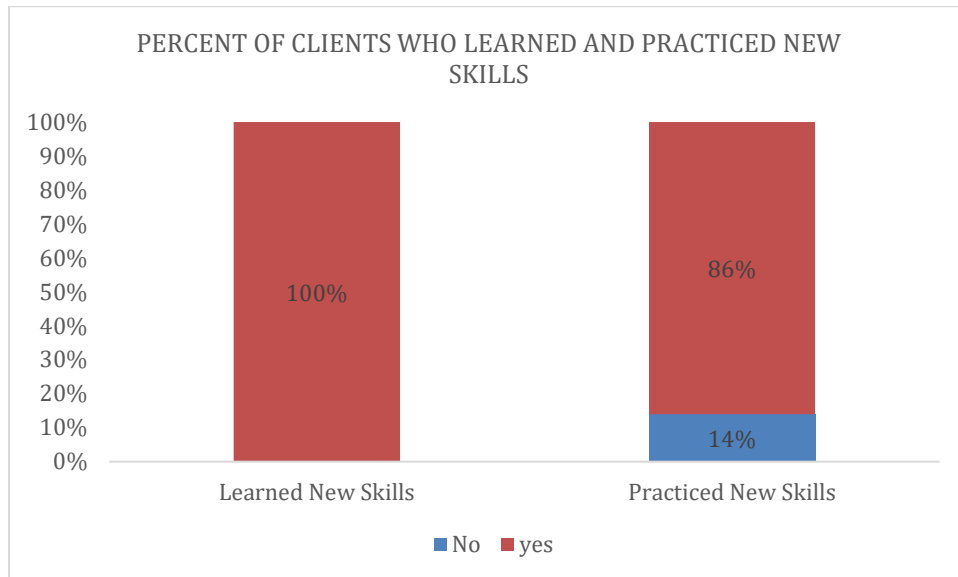
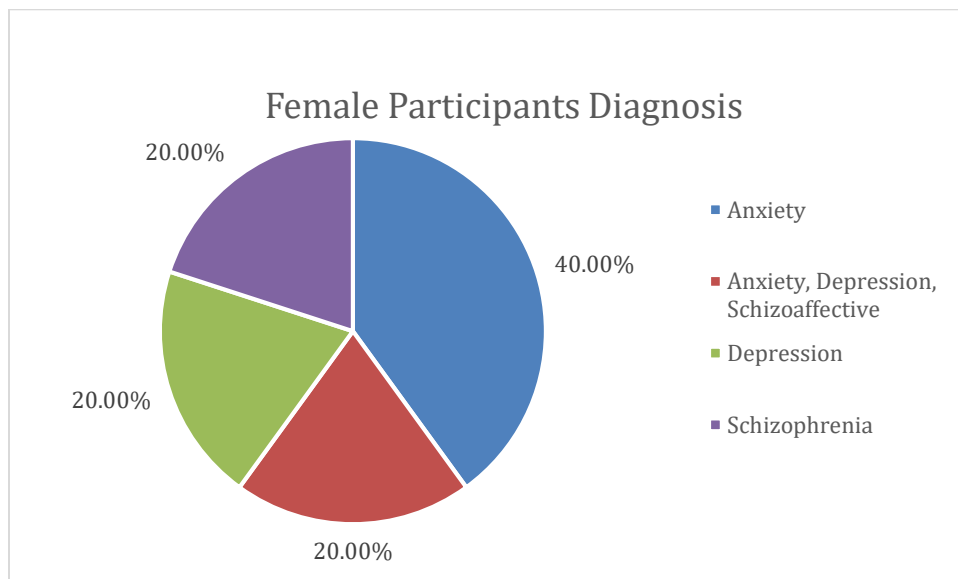skill learned in mental health support groups.
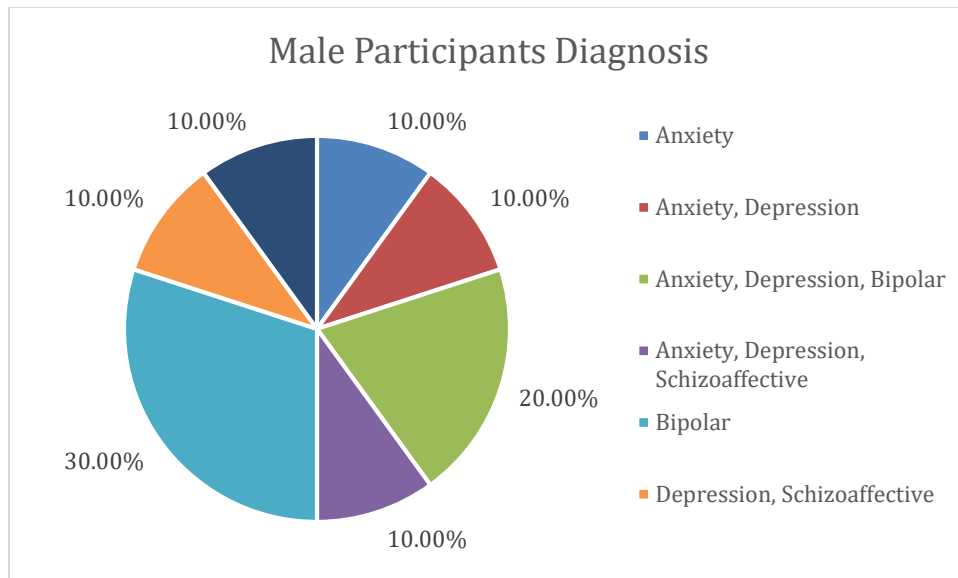

Figure 1.0

Figure 1.1

Figure 1.2

Milestone #4

Conclusion and recommendations

      Based on the success of the groups, it is recommended to the agency that they encourage clients to commit to practice some of the skills learned in mental health support groups. Also, it is recommended to follow up with the participants on the skills they committed to practice so that the participants feel the support and the sense that they care about their mental health and wellbeing.

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Appendix A

Activities	Deliverables	Timeline/Deadlines
Start research for articles that will be part of the new curriculum that will be used during the 2-week period.	**Gather evidence-based curriculums.**	**August 26, 2019- September 09, 2019**
Research activities that will be used as part of the new curriculum	**Get activities that are well supported by evidence that are effective with this specific population.**	**August 26, 2019- September 09, 2019**
Create post survey that will be conducted at the end of the 2-Week period	**Surveys will be used to evaluate the knowledge of participants in the topics that will be addressed throughout the 2 weeks.**	**September 16, 2019**
Gather all the articles, handouts, and worksheets that will be distributed in the groups.	**Articles will be used as a guide for the group. The handouts will be used for questions for further discussion. Also, other handouts will be used for participants to practice skills learned and will be used for follow up discussion.**	**September 16, 2019- September 23, 2019**
Begin Mental Health Support Group Series.	**There will be a check-in activity. small introduction about what the group will be about. They will have the opportunity to engage in the group by reading, and sharing their ideas. Participants will get a sheet they will take home and practice**	**September 30, 2019- October 21, 2019**

	skills discussed in the group. The following session, they will share what activities they practice to improve their mental health.	
Conduct a post survey.	The postsurvey will help to assess if the group had a positive effect in this specific population.	October 21, 2019
Evaluate the effectiveness of the groups.	The surveys will provide a clearer evidence of whether the groups were useful of not so useful for the participants.	October 23, 2019

Survey

1. **Gender**

   Male
   Female
   Other

2. **What is your diagnosis? Mark all that apply.**
   Anxiety
   Depression
   Bipolar
   Schizophrenia
   Schizoaffective
   Other

3. **Do you think mental health support groups are effective?**
   Yes
   No

4. **Have you learned something new about your mental health?**
   Yes
   No

5. **Have you practice any of the coping strategies learned in mental health support groups?**
   Yes
   No