COMMUNITY AS THERAPY
Beyond Integrated Care

Ralph Aquila, Medical Director Fountain House
Gilberto D’Ubaldi, Progetto Itaca Rome
Guido Valentini, Director, Progetto Itaca Rome
Schizophrenia: “The Worst Disease Afflicting Humanity”

More than 50 MILLION PEOPLE WORLDWIDE live with schizophrenia

The global cost of schizophrenia today is $32 BILLION
In the 1950’s, about 500,000 people with serious mental illness were treated in publicly funded psychiatric hospitals.

TODAY, with fewer hospital beds and inadequate community services, an estimated 590,000 mentally ill patients a year end up in de facto mental health institutions: jails, prisons, city streets, and homeless shelters.
1944
The first official meeting of WANA (We Are Not Alone) is held at the Third Street YMCA in Manhattan.

In the late 1940’s, seven patients from Rockland State Hospital in Orangeburg, New York formed a self-help group that met in a hospital “club room” to prepare and support each other to reenter society. Originally, they called their group “We Are Not Alone” which became Fountain House in 1948, named for its West 47th Street building that had a fountain in its garden.

1948
The Fountain House Foundation is incorporated and the Fountain House Fellowship is established.
World Health Organization Director of Mental Health and Substance Abuse, Dr Shekhar Saxena, stated that until three years ago, excess mortality was not an organizational or a global priority. After Dr. Saxena met with Fountain House in 2014, he was inspired to establish our partnership in a project to extend and improve the lives of people with schizophrenia, bipolar disorder and major depression.

2014
Fountain House has establishes partnership with World Health Organization
Today, Fountain House touches the lives of 1,600 members annually in New York City. Programs modeled after Fountain House exist in 34 US states and in 30 countries, reaching over 100,000 individuals.
What is Social Practice?

Social Practice is a specialized form of *environmental therapy* that uses *intentional community* to assist people in their recovery.
The Five Elements of Social Practice

- Engagement
- Relationship Development
- Social Design
- Continuous Assessment
- Transitional Environments
Engagement

- The use of all elements of the social environment to engage hard to reach individuals with serious mental illness (SMI).

- Due to positive and negative symptoms...

- Connecting members to the environment/community allows for a variety of therapeutic effects to occur.

- **Technique:** Reach-out as a form of ongoing engagement.
Relationship Development

- The process of assisting members in developing a variety of relationships on their road to recovery.

- Many members have trouble navigating the different types of relationships and/or maintaining relationships.

- Factors like fear or distrust along with a limited social skillset could lead to continued isolation.

- **Technique:** Side-by-side work
Social Design

- The engagement of various environments to create therapeutic results and develop an accessible positive community.

- This participatory approach to Social Design allows participants to identify their own needs and collaborate with others to create solution-based environments.

- Social Design creates a sense of *communitas* which supports efficacy (the ability to produce a desired or intended result).

- *Technique:* House meeting, Unit meeting, CLE meeting.
Foundations of Empowerment

- Share information with everyone (transparency).
  - By informing everyone of the true issues, concerns & obstacles, nobody is excluded.
  - Everyone can then make decisions on an equal playing field.
- Offer mentoring to members to help them make better & wiser decisions.
- Encourage “team” members to develop self-confidence in making choices, forging direction and sharing ideas.
- Risk-taking with the possibility of failure.
Keywords for Hope & Recovery

- Community
- Cooperation
- Consensus
- Collaboration
- Choice
- Voluntary Nature
- Inclusive
- Need-to-Be Needed
- Side-by-Side
- Work-Ordered-Day
- Achievement
OPTIMIZING OUTCOMES: THE PROCESS OF RECOVERY
A COMMUNITY-ORIENTED APPROACH TO INTEGRATED CARE

Sidney R. Baer Jr. Center
FOUNTAIN HOUSE SOLUTION TO THE PUBLIC HEALTH CRISIS

INTEGRATED MEDICINE
QUALITY PSYCHIATRIC AND MEDICAL CARE

SOCIAL INTERVENTIONS WITHIN A COMMUNITY
- EMPLOYMENT
- EDUCATION
- WELLNESS
- RELATIONSHIPS
- HOUSING SUPPORT

A Community System of Care
RESEARCH PROVES OUR MODEL WORKS

Fountain House members are consistently less likely to be admitted to the hospital or to use the emergency department.

21% decrease in total cost of care for Medicaid high-utilizers after enrolling in Fountain House
FOUNTAIN HOUSE OUTCOMES
PEOPLE LIVING WITH SERIOUS MENTAL ILLNESS COMPARED TO FOUNTAIN HOUSE MEMBERS

[Graph showing outcomes]

**Homelessness:**
- People Living with Serious Mental Illness: 40%
- Fountain House Members: 1%

**Rehospitalization:**
- People Living with Serious Mental Illness: 50%
- Fountain House Members: 10%

**Incarceration:**
- People Living with Serious Mental Illness: 24%
- Fountain House Members: 1%

**Employment:**
- People Living with Serious Mental Illness: 42%
- Fountain House Members: 15%

**Education:**
- People Living with Serious Mental Illness: 32%
- Fountain House Members: 77%

PEOPLE LIVING WITH SERIOUS MENTAL ILLNESS  
FOUNTAIN HOUSE MEMBERS
COST SAVINGS WITH FOUNTAIN HOUSE

$60,076
The average YEARLY COST per inmate in State prison

$28,000
The average cost for TWO-WEEKS in a psychiatric hospital

$4,287
YEARLY COST for a member to access Fountain House’s employment, education, wellness services and community of mutual support

$24,578
YEARLY COST for a Fountain House member to access all of the above + safe, supported housing.
LONG-TERM FOCUS ACROSS THE LIFE CYCLE