

# Participant-Reported Outcomes: Impacts of a Utah Program for Mental Health Self-Direction

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Participants in Utah's Mental Health Access to Recovery program reported significantly decreased mental health problems and increased overall wellbeing after self-directing recovery funds.

## The Study

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HSRI researchers looked at survey responses for people before and after they participated in Utah's Mental Health Access to Recovery (MHATR) program. The survey asked about mental health outcomes, overall health, social connectedness, and engagement in self-help. We looked at survey responses from 102 MHATR participants between 2014 and 2016.

## What Is Mental Health Access to Recovery?

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MHATR is a form of self-direction for people with significant mental health challenges. In mental health self-direction, people use a flexible budget to pursue personal recovery goals. Self-direction participants receive support with person-centered planning and managing the budget from a specially trained support broker. Depending on the size and type of budget, self-directing participants may purchase clinical services and/or non-clinical goods and services. Purchases are wide-ranging and based on a person's unique recovery goals.

MHATR was active in Utah from 2014 to 2016. It was run by the Utah Division of Substance Abuse and Mental Health (DSAMH) and was funded through a grant from the Substance Abuse and Mental Health Services Administration. MHATR participants met

regularly (once or twice a month depending on need) with a support broker who assisted them to set recovery goals and allocate funds from a budget to make purchases to support progress toward those goals. Participants also accessed treatment and rehabilitation services through the publicly funded system and used their budgets to pay for goods and services that would not otherwise be covered by Medicaid or other public programs. Common purchases included bus passes, gas vouchers, dental care, gym memberships, emergency housing, one-time utility payments, and fees associated with obtaining an ID card or birth certificate.

Participants could spend up to \$2,000 over their time in the program, which averaged about 180 days. The average per-person spending during the study period was \$902, 30% of which was spent on support brokerage services that assist the person to manage the budget.

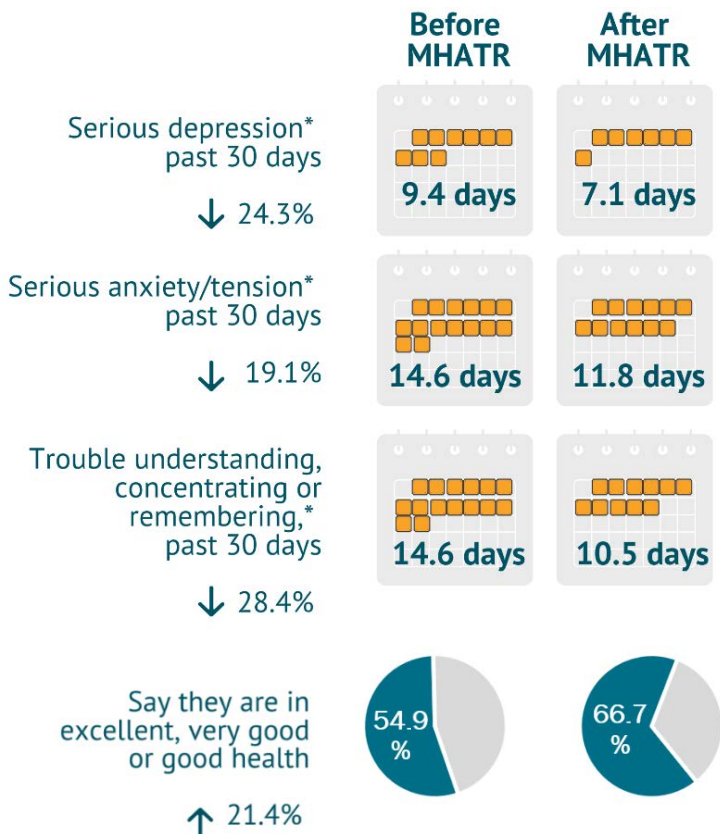
## The Findings

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As shown on the following page, MHATR participants reported significant decreases in the number of days they experienced serious depression, serious anxiety or tension, trouble understanding, concentrating, or remembering. There was a significant increase in the percentage of participants who reported being in excellent, very good, or good health.



All of these increases were statistically significant.



\*Not due to alcohol or drug use

## What's the Importance?

Self-directing participants reported improvements in mental and physical health after self-direction. Past studies have found similar improvements in quality of life, self-esteem, and other outcomes like housing independence, employment, and choice and control. The study adds to that growing literature documenting self-direction as a promising model for mental health recovery, one that supports recovery and wellbeing.

## Methods

This study used a survey called the Client Outcome Tool, which was developed by SAMHSA's Center for Substance Abuse Treatment (CSAT) as part of the Government Performance and Results Act. The Utah DSAMH collected survey information at first contact with the participant (before they started self-direction), and a follow-up survey was administered an average of 180 days after the participant had enrolled in MHATR. HSRI researchers looked at the following survey measures: overall health status, past 30-day self-help group attendance, past 30-day interaction with friends or family who are supportive of recovery, having no one to turn to when one is in trouble, and past 30-day experiences with serious depression, serious anxiety or tension, hallucinations, trouble understanding, concentrating, or remembering, trouble controlling violent behavior, and suicide attempts.

There were some challenges with the data that we used for the study. Although there were 209 participants in the MHATR program, just under half of them completed surveys. And the data had very limited information related to the characteristics of the survey respondents. To improve the quality of the evidence for self-direction, future research and evaluation should involve more robust data collection with consistent follow-ups and comprehensive data.

## Learn More

This study is part of a six-state **Demonstration and Evaluation of Self-Direction in Mental Health**. To learn more about the study and see our other findings, visit, visit [mentalhealthselfdirection.org](http://mentalhealthselfdirection.org).

