

Self Help Advocacy and Education

Description

Self Help, Advocacy and Education includes the following programs and services:

Community Education - Mental Health First Aid (MHFA) is a nationally recognized, evidence-based program that trains individuals to recognize mental health signs and respond compassionately. Through an 8-hour certification course by the National Council on Mental Wellbeing, participants learn to identify early warning signs, approach those in need, and connect them to professional resources. The Mental Health Association (MHA) has staff certified in both Adult and Youth MHFA, enabling us to offer this training to churches, schools, companies, and community groups. In addition, MHA's community education efforts challenge stereotypes, promote understanding, and work to reduce mental health stigma, emphasizing its importance to overall well-being.

Hope One is a mobile outreach unit that travels across Morris County, providing direct access to mental health, addiction, and recovery services. A partnership between the Morris County Sheriff's Office, CARES, the Department of Human Services, and MHA, Hope One connects community members to treatment and recovery programs, bypassing long waits and barriers. It also offers free NARCAN training and distributes Narcan and harm reduction kits to families, friends, and supporters of those with opioid addiction, empowering them to save lives.

Social Club offers a welcoming, judgment-free space for individuals experiencing homelessness, at risk of hospitalization, or with a history of hospitalizations, serving Dover, Morristown, Boonton, and nearby areas. Held three days a week (Tuesdays, Thursdays, Saturdays), it provides free or low-cost activities to help participants socialize, make friends, and enjoy community. Activities include game nights, socials, outings, cultural events, and wellness activities, all fostering belonging, confidence, and mental wellbeing. Transportation options, with central pick-up points, ensure members can regularly participate and connect.

Community Companion Program offers one-on-one companionship and daily living support for people with mental illness. Volunteers visit clients for at least two hours a week, engaging in mutually agreed activities to promote socialization and wellness. Pairings last three months, after which volunteers can choose to extend or be paired with someone else.

Mental Health Resource Network partners houses of worship with MHA to provide material, emotional, and spiritual support. Congregations donate items like food, clothing, toiletries, and household goods, host drives, and collections. These partnerships ensure consumers receive practical resources and feel valued in the community.

Mental Health Faith Liaison Program trains faith leaders to address mental health needs. MHA offers clergy clinical support, referral guidance, and education through presentations, MHFA training, and discussion groups, strengthening faith communities' ability to respond compassionately.

Self-Help Programs offer socialization, wellness, and mobility support for mental health consumers discharged from hospitals or in the community. Groups include pet therapy, exercise, advocacy, art therapy, and professional-led presentations, helping participants develop independence and enjoy healthy lives.

Elizabeth T. Dorl Educational Assistance Fund provides eligible consumers up to \$1,000 for educational certificates. Recognizing that mental illness often begins in young adulthood, the fund supports those pursuing education or careers after mental health challenges.

Peer Support to Greystone brings individuals with lived mental health experience into the hospital to share recovery stories with current patients. These visits inspire hope, build confidence, and create a bridge from inpatient care to community life.

Personnel

Community Education - Mental Health First Aid has 16 instructors certified in Adult, Youth, Senior, Teen First Responder and/or Veterans Curriculum.

Hope One has one full time mental health professional

Community Companion has four volunteers.

A Program Director and a Program Coordinator supervise the following services alongside the staff listed below:

Social Club, which employs four part-time drivers

Mental Health Resource Network

Mental Health Faith Liaison Program

Self-Help Programs, including part-time drivers

Elizabeth T. Dorl Educational Assistance Fund

Peer Support to Greystone, facilitated by five volunteers

Performance Outcomes

Community Education – Mental Health First Aid: In FY 2025, MHA exceeded its goals by delivering 17 trainings and certifying 204 community members, achieving 408% of the target trainings and 106% of the participant goal—highlighting increased demand and capacity.

Hope One: This year, Hope One made 1,744 stops, reaching over 10,300 community members. Seven individuals entered rehab or recovery services, 122 accessed mental health care, and 2,085 received NARCAN training. The program also distributed essential supplies and partners with PAARI to support law enforcement efforts, creating gateways to hope and healthier communities.

Social Club: The Social Club hosted 107 sessions for 1,129 consumers, offering low-cost activities like trivia, socials, outings, and events. Every participant (100%) reported satisfaction, emphasizing its role as a welcoming space for connection and belonging.

Community Companion: Four consumers were paired with volunteers, resulting in over 200 hours of companionship. Regular face-to-face visits and calls foster trust, reduce isolation, and promote emotional well-being.

Mental Health Resource Network: Contributions from houses of worship, community members, and local businesses provided essential items—furniture, clothing, electronics, and emergency supplies—supporting daily needs and emergencies. Partner organizations also hosted dinners and drives, donating over \$20,000 and 1,100 holiday gifts, spreading joy and dignity.

Mental Health Faith Liaison Program: The team partnered with 17 houses of worship, providing education and support to faith leaders and members. This led to 31 referrals, strengthening community ties and access to support.

Self-Help Programs: The CAP Self-Help & Wellness program delivered 20,913 service units (99% of target), with 100% of participants reporting improved health and well-being—demonstrating its impact on recovery and resilience.

Elizabeth T. Dorl Educational Assistance Fund: In FY 2025, the fund supported five individuals pursuing certifications, GED prep, trade training, driver's education, and college, helping them achieve independence and personal growth.

Peer Support to Greystone: Peer specialists supported over 50 patients preparing for discharge, facilitating smoother transitions from inpatient care to community living and supporting ongoing recovery.

Consumer Satisfaction Surveys

Community Education – Mental Health First Aid: Satisfaction surveys for MHFA are administered by certified instructors at the end of training, either in the classroom or via an online portal provided by the National Council for Mental Wellbeing. The surveys gather quantitative satisfaction ratings, qualitative feedback on strengths and weaknesses, and information on skill application, knowledge, attitudes, and confidence related to mental health first aid. This year, MHFA received a 99% satisfaction rate from 204 participants.

Social Club: To ensure quality, members complete an annual feedback survey. In the most recent year, 10 surveys were returned, providing insights into the program's impact. Eighty percent of respondents reported that the Club introduced them to new, low-cost community activities, and 80% strongly agreed it helped them build new friendships. Remarkably, all members (100%) would recommend the Social Club, reflecting its welcoming environment and meaningful impact. Overall satisfaction was rated at 88%, highlighting its role in fostering connection, reducing isolation, and improving quality of life.

Self-Help Programs: Members complete an annual 25-question survey. In the most recent year, 8 responses provided valuable feedback: 100% felt better about their self-image, 87.5% reported increased comfort in group settings, and 100% expressed overall satisfaction. These results underscore the programs' effectiveness in building confidence, fostering social connections, and enhancing well-being.

Advocacy Activities

Advocacy is the thread that connects each of the Mental Health Association's education, outreach, and support programs. It ensures that the voices, needs, and rights of individuals living with mental illness are heard, respected, and acted upon — both on an individual level and within the broader community.

Community Education – Mental Health First Aid (MHFA): Advocacy in MHFA begins with the belief that greater understanding reduces stigma and fosters stronger support networks. By training community members to recognize and respond to signs of mental distress, MHA is advocating for early intervention, mental health literacy, and equal recognition of mental health needs alongside physical health. Staff-certified trainers extend this message to churches, companies, and community groups, encouraging a culture of compassion and informed action.

Hope One Mobile Outreach: Hope One embodies advocacy through action — bringing resources directly into communities where they are most needed. MHA's role in this partnership ensures that individuals impacted by addiction and mental health challenges access services and are treated with dignity and urgency. By distributing NARCAN, harm-reduction kits, mental health resources and information, Hope One advocates for saving lives, meeting people where they are, and promoting recovery.

Social Club: The Social Club advocates for the fundamental right to social connection and inclusion. By creating safe, supportive, and affordable opportunities for engagement, the program challenges the isolation often experienced by people facing homelessness, hospitalizations, or severe mental illness. Facilitating wellness activities and community participation is a direct stand against the stigma that limits integration.

Community Companion Program: This program advocates for the importance of human relationships in mental health recovery. Through volunteer companionship, it promotes dignity, shared experiences, and social belonging. Companions help individuals rediscover community connections, reinforcing that mental illness should never exclude someone from meaningful relationships.

Mental Health Resource Network & Faith Liaison Program: These initiatives advocate for the faith community to be actively engaged in mental health support. By equipping clergy and congregations with training, referrals, and resources, MHA ensures that spiritual leaders are better prepared to guide and support members in crisis — bridging the gap between faith and mental health services.

Self Help Programs: By creating spaces where mental health consumers lead and participate in groups, MHA promotes self-advocacy, empowerment, and peer leadership. Programs like pet therapy, art therapy, and advocacy groups help individuals reclaim agency over their lives, skills, and community

participation. This fiscal year, 48 MHA clients participating in Mental Health Boards and other community advocacy groups. In addition, 345 staff training/support were provided to these clients.

Elizabeth T. Dorl Educational Assistance Fund: At its core, this fund advocates for equity in education and career opportunities for individuals whose mental illness interrupted their goals. By providing financial assistance, MHA ensures that mental health challenges do not permanently bar someone from pursuing their aspirations.

Peer Support to Greystone: Peer support advocacy derives from lived experience — peers tell their own recovery stories to inspire hope and to demonstrate that transitioning back to community life is possible. These interactions challenge stereotypes and promote a recovery-oriented mental health system.

Advocacy within these programs means more than speaking on behalf of individuals, it's about creating systems, opportunities, and mindsets that remove barriers, reduce stigma, and champion recovery and wellness. MHA's work ensures that individuals are not defined by their diagnoses but supported as whole, capable members of their communities.

FY 2026 Goals

Community Education – Mental Health First Aid (MHFA): MHFA will work to expand training opportunities across churches, businesses, schools, and community organizations, empowering more residents to recognize and respond effectively to mental health crises. Outreach will focus on workplaces, school staff, and faith leaders, while the program strives to maintain a 99% satisfaction rate among participants.

Hope One Mobile Outreach: The initiative aims to connect at least 300 individuals to immediate mental health, addiction, and recovery services. It will distribute more than 500 NARCAN kits, train 400 community members in overdose response, and strengthen partnerships with health and social service agencies to provide additional resources at outreach stops.

Social Club: The club will continue fostering social connection and wellness by increasing membership and adding at least two new wellness activities and one cultural or community outing each quarter.

Community Companion Program: The program will expand its volunteer base to create more active matches, provide specialized training in mental health awareness and communication, aim for at least 60% of matches to last beyond three months, and host quarterly social events to strengthen relationships and reduce isolation.

Mental Health Resource Network: MHA will grow its faith-based partnerships from 45 to 55 houses of worship, coordinate at least five drives for essential goods, and train over 100 faith-based volunteers in mental health literacy.

Mental Health Faith Liaison Program: The program will enhance clergy support by hosting four educational presentations for faith leaders, training at least 50 clergy members in MHFA, and producing a Faith & Mental Health Resource Guide to help congregations support members in crisis.

Self-Help Programs: The program will add at least one new peer-led wellness group, maintain a minimum 80% participation rate, integrate practical skill-building sessions such as budgeting and meal planning, and host four community integration events throughout the year.

Elizabeth T. Dori Educational Assistance Fund: The fund will award at least six grants to eligible individuals and track recipients' educational and vocational progress at three, six, and twelve months.

Peer Support to Greystone: The program will conduct six visits to meet with at least 80 inpatients, sharing hope and recovery stories through lived experience, and will establish post-discharge follow-up contact with at least 25% of those individuals to support their transition back to the community.