What was the research about?
People with serious mental illness like bipolar disorder or schizophrenia often don’t receive the physical health care they need. Community mental health centers can help people with serious mental illness manage their health and prevent later health problems.

In this study, the research team gave different kinds of health and wellness support to patients with serious mental illness. All patients in the study worked with wellness coaches. These coaches were staff at mental health centers who received special training. They taught patients skills to help them manage their health and health care. The team then compared two types of extra support:

- **Nurse-supported:** Nurses helped patients get health care and improve their health and wellness. The nurses also advised the wellness coaches about working with the patients.

- **Self-directed:** Patients got online or paper resources with information designed for them. Resources included worksheets and manuals to help them improve behaviors like eating healthy food and exercising.

What were the results?
The two types of extra support had about the same success in helping patients with serious mental illness. By the end of the study, patients in both groups reported increased

- Involvement in their health care
- Doctor visits
- Quality of life
- Satisfaction with their care

They were also more likely to get physical health care when they needed it. Patients reported that their mental health improved. At the same time, they viewed their physical health as being worse. Patients were no more or less likely to take their medicines for mental illness than before the study.

Who was in the study?
The study included 1,229 adults with serious mental illness from mental health centers in rural Pennsylvania. Of these, 90 percent were white, 8 percent were black, and 2 percent were another race. The average patient age was 43, and 63 percent were women. Patients had major depressive disorder (38 percent), bipolar disorder (27 percent), schizoaffective disorder (16 percent), schizophrenia (10 percent), or other mental illnesses (8 percent). All patients had Medicaid insurance.

What did the research team do?
The research team assigned 11 mental health centers by chance to one of the two programs offering extra support: nurse-supported or self-directed.
Patients filled out surveys at 6, 12, 18, and 24 months. The team also looked at patients’ Medicaid claims to track doctor visits and medicine use.

The research team developed the study with help from people with serious mental illness, clinicians, and others who work in mental health.

**What were the limits of the study?**
At the end of the study, the team didn’t have survey or claims data for 16 percent of patients. Results might have been different if the team had data for more patients. The study didn’t look at how well the extra support programs worked compared with usual mental health care. Most patients in this study were white and all lived in rural areas. Future research could test the two types of extra support with patients of other backgrounds.

**How can people use the results?**
Mental health centers can think about training staff as wellness coaches and letting patients choose the type of extra support that works best for them.

*To learn more about this project, visit www.pcori.org/Schuster128.*